

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54184

1. Entity Name
CARPET BROKERS OF CENTRAL FLORIDA, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90095 044 ***150.00

Principal Place of Business 1095 E. SR 436 CASSELBERRY FL 32707 US	Mailing Address 1095 E. SR 436 CASSELBERRY FL 32707 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country
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6. Name and Address of Current Registered Agent DALVIT-WREN, MARY P 1095 E. SR 436 CASSELBERRY FL 32707	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WREN, DENNIS P. 1095 E. SR. 436 CASSELBERRY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALVIT-WREN, MARY P. 1095 E. SR 436 CASSELBERRY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary P. Dalvit-Wren, MARY P. DALVIT-WREN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2934890** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

FL Zip Code

Date _____ Daytime Phone # _____

407.716.7015