

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000612

1. Entity Name

RUG CRAFTERS OF NORTH CAROLINA, L.C.

Principal Place of Business

5 WENDY COURT GUILFORD INDUSTRIAL PARK  
GREENSBORO NC 27409

Mailing Address

5 WENDY COURT GUILFORD INDUSTRIAL PARK  
GREENSBORO NC 27409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1981945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASS, NANCY J ESQ  
324 HYDE PARK AVE., SUITE 375  
TAMPA FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

000003326960--6  
-07/18/00--01086--004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES \*\*\*\$50.00

TITLE NAME ☐ Delete  
MGRM  
ROSENBAUM, PHILLIP  
STREET ADDRESS  
5 WENDY COURT GUILFORD INDUSTRIAL PARK  
CITY-ST-ZIP GREENSBORO NC 27409

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*P. D. Rosenbaum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 12 PM 1:25



DO NOT WRITE IN THIS SPACE

CR2E083 (5/00)