

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21472

1. Entity Name

RUG CUTTERS EXHIBITION TEAM, INCORPORATED

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90046 036 \*\*\*\*61.25

Principal Place of Business

337 DESOTO ST  
TALLAHASSEE FL 32303  
US

Mailing Address

337 DESOTO ST  
TALLAHASSEE FL 32303  
US

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 **59-2948547**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BOYD, FOSTER SCOTT  
2023 E FOREST DR  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BOYD, SCOTT**  
STREET ADDRESS **2023 E FOREST DR**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **PD** ☐ Delete  
NAME **BOYD, SUSAN**  
STREET ADDRESS **337 DESOTO ST**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Delete  
NAME **MYERS, BOB**  
STREET ADDRESS **631 EAST CALL STREET, APT. 306**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **TD** ☐ Delete  
NAME **MCMULLEN, CAROLE**  
STREET ADDRESS **1128 ALBRITTON DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)