FILED May 01, 2002 8:00 am & Secretary of State

05-01-2002 91563 009 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P00000034877 /

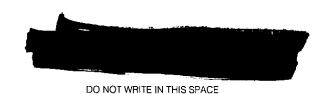
CARPET ONE OF FORT MYERS, INC.

Principal Place of Business

12960 METRO PARKWAY FORT MYERS FL 33912

12960 METRO PARKWAY FORT MYERS FL 33912

2. Principal Place of Business		3. Mailing Addre	ess
Suite, Apt. #, e	otc.	Suite, Apt. #, e	etc.
City & State		City & State	
Zip	Country	Zip	Country
	6. Name and Address of Cu	rrent Registered Agent	



\$8.75 Additional 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent Name

City

WAVRO, JOHN 12960 METRO PARKWAY FORT MYERS FL 33912

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

65-0996291

4. FEI Number

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.					
SIG	NATURE					
	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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

FL

П

Applied For

Not Applicable

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change Addition PSTD NAME 🚡 NAME WAVRO, JOHN STREET ADDRESS STREET ADDRESS 8352 49TH AVE CITY-ST-7IP CITY-ST-ZIP KENOSHA WI 53142 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS

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 is supplemental report in the 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 reserver out usees impowered 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO