

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90004 036 ***150.00

DOCUMENT # P00000037741

1. Entity Name

JON MICHAEL'S CARPETS, INC.

Principal Place of Business

Mailing Address

**1402 PINE RIDGE ROAD
 NAPLES, FL 34108**

**1402 PINE RIDGE ROAD
 NAPLES, FL 34108**

A0081515

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3638111

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ENRIGHT, MICHAEL J
 1402 PINE RIDGE ROAD
 NAPLES, FL 34108**

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

**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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.**

☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ENRIGHT, MICHAEL J	
STREET ADDRESS	5460 27TH PLACE SW	
CITY-ST-ZIP	NAPLES, FL 34117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P-V-P-S-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

A **B**ETTER
BUSINESS & TAX SERVICE, INC.

ACCURATE *Attachment*
ACCOUNTING & TAX, INC. *A0081515*


QmH *00000037741*

August 13, 2001

Division of Corporations
P. O. Box 1500
Tallahassee, Fl. 32302-1500

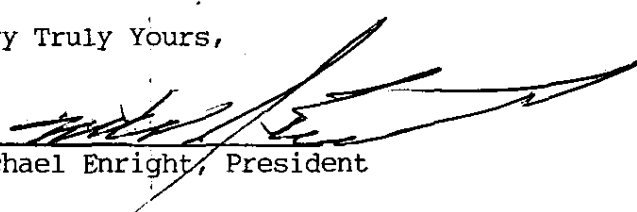
Dear Tax Examiner,

I had never received the Annual Report Form.

Upon call to the Division of Corporations, they mailed me a blank form and said to fill it out and send a check for \$150.00.

Enclosed is check #1771 for \$150.00. Sorry for the inconvenience.

Very Truly Yours,


Michael Enright, President

HW/rr

Enc.