

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0430434 AV

DOCUMENT # P00000048598

1. Entity Name
BAREFOOT CARPETS, INC.

04-02-2002 90932 013 ***150.00

Principal Place of Business 7704 W. HILLSBOROUGH AVENUE TAMPA FL 33615	Mailing Address 7704 W. HILLSBOROUGH AVENUE TAMPA FL 33615
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **52-59-2247976** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOUST, JIM
7704 W. HILLSBOROUGH AVENUE
TAMPA FL 33615

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

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUST, JIM 7704 W. HILLSBOROUGH AVENUE TAMPA FL 33615	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3-25-02

Date Daytime Phone #

CR2E034 (9/01)

Attachment Doc# P00000048598
NOTICE TO TAXPAYER BUSINESS REPORT

Sales Tax:
Write a check to Florida Dept of Revenue in the amount of _____
Sign the back of the form
Mail by _____

6/18/88

Form 941 - Employers Quarterly Federal Tax Return
 Write a check to IRS in the amount of _____
 No money due!
Sign form at the bottom
Mail by _____
 Use TELEFILE instructions. Nothing to mail in!

Form UCT-6 (Quarterly Unemployment Tax Report & Wage Report)
 Write a check to FI Unemp Comp Fund in the amount of _____
 No money due!
Sign the form
Mail by _____ - be sure you include all pages

Federal Deposit Coupon
Write a check to your bank in the amount of _____
in payment for:
 Payroll Tax Deposit (941)
Deposit in your bank by _____
 Federal Unemployment (940)
Deposit in your bank before _____

Forms W3/W-2's
Sign the Form
Mail prior to 1/31 in the attached envelope
No Money Due!

Form 940/940EZ
 Write a check to IRS in the amount of _____
in payment for Federal Unemployment
 Sign the Form.
Mail prior to 1/31 in the attached envelope

150 DEPARTMENT OF STATE
DUE MAY 1, 2002
SIGN & MAIL