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FILED
Jun 25, 2001 8:00 am
Secretary of State

05-03-2001 90947 044 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000092609**

1. Entity Name

CARPETMAX, INC.

Principal Place of Business

**120 CONCORD DRIVE
CARLSBERRY FL 32707**

Mailing Address

**120 CONCORD DRIVE
CARLSBERRY FL 32707**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3720535

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name: **MARKS, ROBERT D**

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

255 S. ORANGE AVE STE 800City: **ORLANDO**

FL

Zip Code: **32801**

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

*Cindy Kaehler**Secretary Robert D. Marks*DATE: **4-23-01**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 \$160.00
After MAY 1, 2001 Fee will be \$350.00
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

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☒ Addition
NAME	PRESIDENT
STREET ADDRESS	DEARDEN, MILES
CITY - ST - ZIP	631 WILLIAMS WINTER PARK FL 32789
TITLE	☐ Change ☒ Addition
NAME	SECRETARY
STREET ADDRESS	KAHLER, CINDY
CITY - ST - ZIP	9 N. EDGEWATER WINTER SPRG FL 32789
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	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 or changed, or on an attachment with an address with all other fees empowered.

SIGNATURE:

*Cindy Kaehler***CINDY
KAHLER****4-23-01****407 -
339-7522**

CPS0304 (1/00)