

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90231 010 ***150.00

DOCUMENT # P0000100469
 1. Entity Name
CARPET DOCTOR OF ST. AUGUSTINE INC.

Principal Place of Business Mailing Address
272 BRIGHTON CT **272 BRIGHTON CT**
ST AUGUSTINE FL 32084 **ST AUGUSTINE FL 32084**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
127 Osprey Rd **127 Osprey Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St Augustine Fl. **St. Augustine Fl.**
 Zip Country Zip Country
32086 **USA** **32086** **USA**

4. FEI Number **59-3678197** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
INTEROSCIA, DAVID
3149 PONCE DE LEON BLVD, UNIT 7
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent
 Name: **Michael A. Brown**
 Street Address (P.O. Box Number is Not Acceptable)
127 Osprey Rd.
 City **St. Augustine** FL Zip Code **32086**

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 **David Interoscia** (NOTE: Registered Agent signature required when reinstating) DATE **4/26/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LAVIGNE, ROSLIE 272 BRIGHTON CT ST AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LAVIGNE, JAY 272 BRIGHTON CT ST AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.D. Michael A. Brown 127 Osprey Rd. St. Augustine, Fl. 32086	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.S.D. Karen Brown 127 Osprey Rd. St. Augustine Fl. 32086	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Karen Brown** VP Date **4/24/02** Daytime Phone # **(904) 824-1188**

CR2E034 (9/01)