

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90053 034 ***150.00

0056403 AV

DOCUMENT # P00000116196

1. Entity Name

CARPET & RUG CREATIONS, INC.

Principal Place of Business

**35 WALTER MARTIN ROAD
 FT WALTON BEACH FL 32548**

Mailing Address

**35 WALTER MARTIN ROAD
 FT WALTON BEACH FL 32548**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO Box 2527

Suite, Apt. #, etc.

City & State

City & State

Fort Walton Bch, FL

4. FEI Number

59-3688374

Applied For

Not Applicable

Zip

Country

Zip

32549

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**POOLE, MELBA J
 35 WALTER MARTIN ROAD N E
 FT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

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 \$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	DPST	<input type="checkbox"/> Delete
NAME	POOLE, MALBA J	
STREET ADDRESS	PO BOX 2527	
CITY-ST-ZIP	FT WALTON BEACH FL 32549	
TITLE	DV	<input type="checkbox"/> Delete
NAME	POOLE, JACKIE R	
STREET ADDRESS	PO BOX 2527	
CITY-ST-ZIP	FT WALTON BEACH FL 32549	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JORDON, JENNIFER L	
STREET ADDRESS	2013 NATALIE STREET	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JORDAN, ANDY L	
STREET ADDRESS	2013 NATALIE STREET	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, MELBA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	50 Sellers Place	
CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	50 Sellers Place	
CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Melba B Poole
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Melba B Poole 2/7/02 850-7543

CR2E034 (9/01)