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FILED
Jul 08, 2002 8:00 am
Secretary of State
05-29-2002 93660 016 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020023

1. Entity Name

McCann's Carpet & Tile Service, Inc.

[redacted]

96732

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1002 East Shellpoint Rd	P.O. Box 3647
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ruskin, FL	City & State: Apollo Beach, FL
Zip: 33570 County: USA	Zip: 33572 County: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3705496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Brian Burden, P.A.

Street Address (P.O. Box Number is Not Acceptable): P.O. Box 767 120 S. Willow ave

Tampa, Fl 33606

City: Tampa FL Zip Code: 33601-0767

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: _____ 4/13/02

Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Edward J. McCann III
STREET ADDRESS	11412 Donneymoor Dr.
CITY-ST-ZIP	Riverview, FL
TITLE	Vice President
NAME	Robert Reeder
STREET ADDRESS	573 Nassau Court
CITY-ST-ZIP	Orange Park, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Edward J. McCann III Edward J. McCann III 5/13/02 813-645-2787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #