FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90239 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025785

1. Entity Name

CARPET & TILE MASTERS, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4311 US HWY 17 S	1712 Kingsley Ave.#1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange Park FL	City & State: Orange Park FL
Zip: 32003 Country: CLAY	Zip: 32073 Country: CLAY

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3757831 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Maurice G Carrier

Street Address (P.O. Box Number is Not Acceptable): 1712 Kingsley Ave. #1

City: Orange Park FL Zip Code: 32073

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] Maurice G Carrier 04/27/2002

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 P NAME Maurice G Carrier STREET ADDRESS 555 Majestic Wood Dr. CITY-ST-ZIP Green Cove Springs, FL 32043	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D 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: [signature] Maurice G Carrier 04/27/2002

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