

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90299 025 ***150.00

0004038 AV

DOCUMENT # P01000049212
1. Entity Name
MIKE'S CARPET INSTALLATION, INC.



Principal Place of Business
**2144 BLACK CREEK TRAIL
GREEN COVE SPRINGS FL 32043**

Mailing Address
**2144 BLACK CREEK TRAIL
GREEN COVE SPRINGS FL 32043**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3733711** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BARRY, JOHN G
2144 BLACK CREEK TRAIL
GREEN COVE SPRINGS FL 32043**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIRLEY, HENRY M 2144 BLACK CREEK TRAIL GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHIRLEY, THERESA L 2144 BLACK CREEK TRAIL GREEN COVE SPRINGS FL 32043	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **HENRY M. SHIRLEY, PRESIDENT** **4/23/03** **(904) 269-5141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment
Doc # 100004922
80091227

JOHN R. PRIDGEN, C.P.A.
CHARLES E. BONE, C.P.A.
CHARLES F. WINNEY, C.P.A.
RETIRED
CHARLES N. WOLFE, C.P.A.

JAMES AND HARRIS
CERTIFIED PUBLIC ACCOUNTANTS
857 SOUTH EDGEWOOD AVENUE
JACKSONVILLE, FLORIDA 32205
(904) 389-2725 FAX (904) 389-3474

MEMBERS OF:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

Mike's Carpet Installation, Inc.
c/o Mr. Henry M. Shirley
2144 Black Creek Trail
Green Cove Springs, FL 32043

Date April 21, 2003

Enclosed are forms which should be signed, dated and mailed before the date shown below. Remittance should accompany the returns only where indicated.

Form Number	Mail To:	Date	Remit
Uniform Business Report (UBR)	Division of Corporations Uniform Business Report Filings P O Box 1500 Tallahassee, FL 32302-1500	05-01-03	\$ 150.00

(MAKE CHECKS PAYABLE TO: FLORIDA DEPARTMENT OF STATE)

Special instructions, only the items marked X apply to you.

Joint return, must be signed by both husband and wife.

Affix corporate seal.

Credit for overpayment, in the amount of \$_____, has been applied against estimated tax for current year.

Refund has been requested for overpayment in the amount of \$_____.

X Copy is enclosed for your files.

Other: _____

By [Signature]