AMENDED AN

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-07-2003 90950 036 ****61.25
P01000122461

03 APR 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000122461

1. Entity Name
LePage Carpet + Tile, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
44 W. Gulf to Lake Hwy.	44 W. Gulf to Lake Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lecanto, Fl.	City & State: Lecanto, Fl.
Zip: 34461 Country: U.S.	Zip: 34461 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 26-0005767 ☐ 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: Alfred LePage

Street Address (P.O. Box Number is Not Acceptable): 1440 S. Hillock Terr.

City: Inverness FL Zip Code: 34452

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D.	TITLE	
NAME	Alfred LePage	NAME	
STREET ADDRESS	1440 S. Hillock Terr.	STREET ADDRESS	
CITY-ST-ZIP	Inverness, Fl. 34452	CITY-ST-ZIP	
TITLE	D.	TITLE	
NAME	Sharon LePage	NAME	
STREET ADDRESS	1440 S. Hillock Terr.	STREET ADDRESS	
CITY-ST-ZIP	Inverness, Fl. 34452	CITY-ST-ZIP	
TITLE	S.	TITLE	
NAME	Audrey Lloyd	NAME	
STREET ADDRESS	1386 S. Ladora Terr.	STREET ADDRESS	
CITY-ST-ZIP	Inverness, Fl. 34452	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

$ 4/15

CR2E034B (12/02)

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

SIGNATURE: Sharon LePage Sharon LePage 4.4.03 352-527-1811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #