FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91869 049 ***150.00

FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000010905

1. Entity Name

PAUL ARMSTRONG CARPETING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11441 NW 43rd Street	11441 NW 43rd Street
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33065 Country:	Zip: 33065 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 30-0038316

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

7. Name and Address of Current Registered Agent

Name: Armstrong, Paul
Street Address (P.O. Box Number is Not Acceptable): 11441 NW 43rd Street
City: Coral Springs FL Zip Code: 33065

DO NOT WRITE IN THIS SPACE

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 ______________________

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	Name / Street Address / City-St-Zip
PTD	Armstrong, Maria 11441 NW 43rd Street Coral Springs, FL 33065
VSD	Armstrong, Paul 11441 NW 43rd Street Coral Springs, FL 33065

DO NOT WRITE IN THIS SPACE

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: X Maria [signature] X 4-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date