

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90228 040 ***150.00

DOCUMENT # P02000016190

1. Entity Name
INNOVATIVE CARPET INSTALLATIONS INC.



Principal Place of Business
**11985 SOUTHERN BLVD.. #237
ROYAL PALM BEACH FL 33411**

Mailing Address
**11985 SOUTHERN BLVD.. #237
ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

3375 PINE WALK DR NORTH

Suite, Apt. #, etc.

#108

City & State
MARGATE FL.

Zip Country
33063 BROWARD

3. Mailing Address

3375 PINE WALK DR NORTH

Suite, Apt. #, etc.

#108

City & State
MARGATE FL.

Zip Country
33063 BROWARD.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0591617

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HULLETT, LORI ANN
12231 BRISBANE LN.
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name
HULLETT, LORI ANN
Street Address (P.O. Box Number is Not Acceptable)
3375 PINE WALK DR. NORTH #108
City
MARGATE FL Zip Code
33063

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 **Lori Ann Hullett** **LORI ANN HULLETT** **1/18/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 **PRESIDENT** ☐ Delete
NAME **JAY SABADA**
STREET ADDRESS **3375 PINE WALK DR NORTH #108**
CITY-ST-ZIP **MARGATE FL. 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/03
Date

954-464-6603
Daytime Phone #

CR2E034 (10/02)