

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90147 033 ***150.00

DOCUMENT # P02000027279

1. Entity Name
ROCK BOTTOM BILLS CARPET REMNANTS INC.



Principal Place of Business
C/O JOE CHARLES
538 NORTH DOVER ROAD
TEQUESTA FL 33469

Mailing Address
C/O JOE CHARLES
538 NORTH DOVER ROAD
TEQUESTA FL 33469

20032918



2. Principal Place of Business

4527 S. U.S. 1

Suite, Apt. #, etc.

3. Mailing Address

4527 S. U.S. 1

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FT. Pierce FL

Zip
34982

Country
ST. Lucie U.S.A.

City & State
FT. Pierce, FL

Zip

Country
U.S.A.

4. FEI Number

01-0687907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRODY, ROBERT
1601 FORUM PLACE
SUITE 304
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **Joe Charles**
Street Address (P.O. Box Number is Not Acceptable)
538 N Dover Rd
Tequesta, FL 33469
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 **Joe Charles**

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 **D - Pres** ☐ Delete
NAME **CHARLES, JOE**
STREET ADDRESS **538 NORTH DOVER ROAD**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **D** ☒ Delete
NAME **SAVKO, JOHN F**
STREET ADDRESS **1225 CHIPPEWA STREET**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 **PRES - V.P. - SECT - TREAS** ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS
CITY-ST-ZIP

TITLE **as per directors meeting** ☐ Change ☐ Addition
NAME **4/15/03 Joe Charles**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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:

Joe Charles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

772-461
2001

Daytime Phone #

CR2E034 (10/02)