


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90050 040 ***150.00

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

80114661

DOCUMENT # P02000037569				
1. Entity Name HENRY'S CARPET & TILE, INC.				
Principal Place of Business 10745 SW 17 PLACE DAVIE, FL 33324		Mailing Address 10745 SW 17 PLACE DAVIE, FL 33324		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 601-1411844 846-814-2045				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
PACHECO, ELIZABETH 10745 SW 17 PLACE DAVIE, FL 33324		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 _____ DATE _____				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when returning.)				
FILE AND FEE IS \$150.00 AS OF MAY 1, 2003. WILL BE \$650.00 MAKE CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
				\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHECO, ELIZABETH		NAME	
STREET ADDRESS	10745 SW 17 PLACE		STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHECO, CELIDA		NAME	
STREET ADDRESS	10745 SW 17 PLACE		STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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)(l), 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: <i>Elizabeth Pacheco</i>			Date: <i>4/21/03</i> 904-701-9706	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Original Phone #	

CFR0304 (10/02)