04/29/2003 45 7275451422 BOOKKE

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

05-06-2003 90040 041 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000049728

1. Entity Name
ALL ASPECTS OF FLOOR COVERING, INC.

90131010

Principal Place of Business
110 ARCTURAS AVE S
CLEARWATER, FL 33765

Mailing Address
110 ARCTURAS AVE S
CLEARWATER, FL 33765

3. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

4. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 38-3648954 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
KEIPER, CHRISTIAN
110 ARCTURAS AVE S
CLEARWATER, FL 33765

7. Name and Address of New Registered Agent
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

RR:05/02 FLORIDA
CHRIS KEIPER

9. Certain Corporation Filings Trust Fund Contribution ☐ $5.00 may be added to fee

OFFICERS AND DIRECTORS

TITLE D ☐ Delete NAME KEIPER, CHRISTIAN STREET ADDRESS 110 ARCTURAS AVE S CITY-ST-ZIP CLEARWATER, FL 33765	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D ☐ Delete NAME MELLO, SHANE STREET ADDRESS 138 14 AVE SW CITY-ST-ZIP LARGO, FL 33770	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

10. I hereby certify that the information supplied with this filing does, notwithstanding fact to the extent mandated by Section 119.07(5)(a), 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 all other like empowered.

SIGNATURE: PRES. 4-29-03
CHRISTIAN KEIPER