FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 AM 8:00

DOCUMENT # P02000095740

1. Entity Name CARPET R US INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE
MRD

2. Principal Place of Business	3. Mailing Address	4. FEI Number
489 SUNDOWN TRAIL	489 SUNDOWN TRAIL	22-3867771
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ Applied For ☐ Not Applicable
City & State: CASSELBERRY FL	City & State: CASSELBERRY FL	
Zip: 32707 Country: U.S.	Zip: 32707 Country: U.S.	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BUENO MARCO A

Street Address (P.O. Box Number is Not Acceptable): 489 SUNDOWN TRAIL

City: CASSELBERRY FL Zip Code: 32707

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.

SIGNATURE: X _____ 10/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BUENO MARCO A 489 SUNDOWN TRAIL CASSELBERRY FL 32707	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000029765640 10/13/03--01094--023 **150.00
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 10/9/03 407-810209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #