FILED

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

Apr 16, 2003 8:00 am Secretary of State P02000112566 DOCUMENT # 04-16-2003 90187 004 ***150.00 1. Entity Name J.L. CARPET SPECIALIST, INC. Principal Place of Business Mailing Address 5200 BRITTANY DR., #906 5200 BRITTANY DR., #906 ST. PETERSBURG FL 33715 ST. PETERSBURG FL 33715 2. Principal Place of Business . 5207 BRTTANY DE 3. Mailing Address 5200 BRITTHRY DC S Suite, Apt. #, etc. Suite, Apt. #, etc. H CHECK HERE IF MAKING CHANGES 209 City & State 4. FEI Number 52.2. -38-3457 City & State Applied For .33715 Not Applicable ()Country \$8.75 Additional 5. Certificate of Status Desired TMOBILES 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUIKART, JAY 5200 BRITTANY DR., #906 ST. PETERSBURG FL 33715 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 FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. TITLE CR2E034 (10/02) TITLE ☐ Delete NAME LUIKBET JAY SQUOBRATANY DES #2 ADOURSS NAME LUIKART, JAY STREET ADDRESS 5200 BRITTANY DR., #906 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33715 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7iP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ 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)(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: