

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P02483**

1. Entity Name

SHAW INDUSTRIES, INC.**FILED**
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90096 041 ***150.00

Principal Place of Business

Mailing Address

**616 EAST WALNUT AVENUE
DALTON GA 30721-4409****P.O. DRAWER 2128
DALTON GA 30722
US****00017334**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1032521**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301-2525**

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.

SIGNATURE

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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SHAW, J.C.**
STREET ADDRESS **721 WEST AVE.**
CITY-ST-ZIP **CARTERSVILLE GA 30210**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **SAUL, JULIAN**
STREET ADDRESS **616 E. WALNUT AVE.**
CITY-ST-ZIP **DALTON GA 30720**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HARLIN, ROBERT R.**
STREET ADDRESS **3131 SLATON DR., NW**
CITY-ST-ZIP **ATLANTA GA 30309**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DVC** ☐ Delete
NAME **LITTLE, W. NORRIS**
STREET ADDRESS **104 NORTH GOOSEHILL RD**
CITY-ST-ZIP **ROCKY FACE GA 30740**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **C** ☒ Delete
NAME **HOSKINS, DOUGLAS H**
STREET ADDRESS **1708 BRIARCLIFF CIRLCE**
CITY-ST-ZIP **DALTON GA 30720**TITLE **C** ☐ Change ☒ Addition
NAME **Gerald R. Embry**
STREET ADDRESS **1708 Violet Way**
CITY-ST-ZIP **Dalton, GA 30720**TITLE **S** ☐ Delete
NAME **LAUGHTER, BENNIE M**
STREET ADDRESS **4004 MILLSTONE CIRCLE**
CITY-ST-ZIP **ROCKY FACE GA 30740**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)