

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

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90419 033 ***150.00

DOCUMENT # P03000138032
1. Entity Name
FIRST-N-LINE CARPET INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2001 NE 1ST WAY	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State BOYNTON BEACH, FL	City & State
Zip 33434	Country

40089592

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0424119	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name DAVID ROLLE	
Street Address (P.O. Box Number is Not Acceptable) 2000 NE 1ST WAY	
City BOYNTON BEACH	Zip Code 33435

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 *David Rolle* **PRESIDENT** **DATE** 3/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID ROLLE 2001 NE 1ST WAY BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SANDRA ROLLE 2001 NE 1ST WAY BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *David Rolle* **PRES.** **DATE** 3/12/07 **Daytime Phone #**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR