

06/29/2001 16:09 3522530632

KAUFMAN MEASUR
6/2**FILED**
Aug 20, 2001 8:00 am
Secretary of State06-20-2001 90001 030 ***150.00
08-20-2001 90068 020 ***400.00**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P38907**

1. Entity Name

KAUFMAN MEASURING & CARPET SERVICES, INC.

Principal Place of Business

2780 PRIVADO DR
LADY LAKE FL 32159
US

Mailing Address

2780 PRIVADO DR
LADY LAKE FL 32159
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1287926**Applied For
Not Applicable5. 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

KAUFMAN, JOYCE V.
2780 PRIVADO DR
LADY LAKE FL 32159

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 registering)

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 \$650.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fee****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	CPT	☐ Delete
NAME	KAUFMAN, JOYCE V.	
STREET ADDRESS	2780 PRIVADO DR	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	DS	☐ Delete
NAME	KAUFMAN, RALPH	
STREET ADDRESS	2780 PRIVADO DR	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Kaufman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/30/01
Date

Daytime Phone #

CR2E034 (1/02/00)