

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90043 011 ***150.00

AV 50000000

DOCUMENT # P92000005452

1. Entity Name
CARPETS PLUS OF DEERFIELD BEACH, INC.

Principal Place of Business Mailing Address
81 SOUTH FEDERAL HIGHWAY 81 SOUTH FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441



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 **65-0369360** 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

MASTERSON JOSEPH F.
109 ROYAL PARK DR. # 1H
OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name **MASTERSON, STEVEN**
 Street Address (P.O. Box Number is Not Acceptable) **5040 SW 11th PLACE**
~~DEERFIELD BEACH~~
 City **MARGATE** FL Zip Code **33068**

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 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, 2002 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 NAME **PD MASTERSON JOSEPH F.** Delete
 STREET ADDRESS **109 ROYAL PARK DR.**
 CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **S MASTERSON CLAUDETTE A.** Delete
 STREET ADDRESS **109 ROYAL PARK DR.**
 CITY-ST-ZIP **OAKLAND PARK FL 33091**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **D MASTERSON, STEVEN** Delete
 STREET ADDRESS **109 ROYAL PARK DR**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE NAME **Steven Masterson** Change Addition
 STREET ADDRESS **5040 SW 11th PL**
 CITY-ST-ZIP **MARGATE FL 33068**

TITLE NAME **MAYRA MASTERSON** Delete
 STREET ADDRESS **5040 SW 11th PLACE**
 CITY-ST-ZIP **MARGATE FL 33068**

TITLE NAME **VICEPRESIDENT** Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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: DATE **2-11-02** (954)3600029 Daytime Phone #

CR2E034 (9/01)