2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

FILED Jan 25, 2001 8:00 am DOCUMENT # **P92000011065 Secretary of State** SOUD'S QUALITY CARPETS, INC. 01-25-2001 90014 045 ***150.00 Principal Place of Business Mailing Address 8440 PHILLIPS HWY 8440 PHILLIPS HWY JACKSONVILLE FL 32256-7466 JACKSONVILLE FL 32256-7466 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. _ - DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3154074 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOUD, VICTOR Street Address (P.O. Box Number is Not Acceptable) 8030-8 PHILLIPS HIGHWAY JACKSONVILLE FL 32256 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10 - Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SOUD, JR., VICTOR J NAME STREET ADDRESS 3420 EXCALIBER WAY EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME ATTER, SAM NAME STREET ADDRESS STREET ADDRESS 9360 CRAVEN ROAD, #405 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE SOUD, DEBBIE NAME NAME STREET ADDRESS STREET ADDRESS 3420 EXCALIBER WAY EAST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Delete Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(f), 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

OFFICER OR DIRECTOR