2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2003 8:00 am Secretary of State P93000010831 DOCUMENT # 04-28-2003 90991 003 ***150.00 CARPET BARN OF PINELLAS, INC. Mailing Address 5290 PARK BLVD. Principal Place of Business 5290 PARK BLVD. PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3161477 Not Applicable Zip Country 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 ATARI, NAIEM A. Street Address (P.O. Box Number is Not Acceptable) 5290 PARK BLVD. PINELLAS PARK FL 33781 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Delete TITLE TITLE ☐ Change ATARI, NAIEM A NAME NAME 11489 HARBORSIDE CIRCLE STREET ADDRESS STREET ADDRESS **LARGO FL 33773** CITY-ST-ZIP CITY-ST-ZIP VTD ☐ Delete Addition TITLE Change TITLE ATARI, AMINA Y NAME NAME 11437 HARBORSIDE CIRCLE STREET ADDRESS STREET ADDRESS **LARGO FL 33773** CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

CITY-ST-ZIP

REGIME SIGNATUR

Davtime Phone #