

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023347

1. Entity Name

L. & M. CARPET SERVICE INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90084 021 ***150.00

Principal Place of Business

Mailing Address

1886 59TH WAY N
ST. PETERSBURG FL 33710

1886 59TH WAY N
ST. PETERSBURG FL 33710-5026

2. Principal Place of Business

2421 49 ST. S.

3. Mailing Address

1886 59TH WAY N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT, FL

City & State

ST. PETERSBURG FL

4. FEI Number

59-3176723

Applied For

Not Applicable

Zip

33707

Country

USA

Zip

33710

Country

USA

5. 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

SCHALL, JOHN E

1886 59TH WAY N
ST. PETERSBURG FL 33710

Name

SCHALL, JOHN E

Street Address (P.O. Box Number is Not Acceptable)

2421 49 ST. S.

City

GULFPORT

FL

Zip Code

33707

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

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, 2000 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

TITLE D ☒ Delete
NAME SCHALL, JOHN E
STREET ADDRESS 1886 59TH WAY N
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE D ☐ Delete
NAME IRELAND, MICHAEL A
STREET ADDRESS 5144 33RD TERR N
CITY-ST-ZIP ST. PETERSBURG FL 33710

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME SCHALL, JOHN E
STREET ADDRESS 2421 49 ST. S.
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 if changed, or on an attachment with an address, with or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN E SCHALL, PRES 2/28/00