

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90406 018 \*\*\*150.00

0040838  
AV

**DOCUMENT # P93000084850**

1. Entity Name  
**CARPET INSTALLATION SERVICES, INC.**



Principal Place of Business  
**3323 HARTLEY ROAD  
JACKSONVILLE FL 32257**

Mailing Address  
**3323 HARTLEY ROAD  
JACKSONVILLE FL 32257**



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 **59-3216801**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUPUIS, RONALD L  
3323 HARTLEY RD.  
JACKSONVILLE FL 32257**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4 30 2003**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **PVD  
DUPUIS, RONALD L** ☐ Delete  
STREET ADDRESS **3323 HARLEY RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE  
NAME **ROBERT JAEGER** ☐ Change ☒ Addition  
STREET ADDRESS **5614 MARATHON PARKWAY**  
CITY-ST-ZIP **Jacksonville, FL 32244**

TITLE  
NAME **STD  
DUPUIS, LINDA L** ☐ Delete  
STREET ADDRESS **3323 HARLEY RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE  
NAME **MICHAEL MCGRAW** ☐ Change ☒ Addition  
STREET ADDRESS **10569 AIRPORT TERR. DR.**  
CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **HARVEY GORDON** ☐ Change ☒ Addition  
STREET ADDRESS **1430 8TH ST WEST**  
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4 30 2003 90463 7836**  
Date Daytime Phone #

CR2E034 (10/02)