

4/12/00 CK# 6125 91507
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
 04-20-2000 90107 007 ***150.00

DOCUMENT # P94000011538

1. Entity Name

BILL BAILEY'S CARPET CARPET BARN, INC.

Principal Place of Business

Mailing Address

4707 95TH ST N
 ST PETERSBURG FL 33708
 US

4707 95TH ST N
 ST PETERSBURG FL 33708-3723
 US

2. Principal Place of Business

3. Mailing Address

4705 95th ST. N.

4705 95th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST. Petersburg FL

ST. Petersburg FL

City & State

City & State

Zip

Country

33708

US

Zip

Country

33708

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, GERI M
 12901 GULF BLVD #312
 MADEIRA BEACH FL 33708

Name

Wells, Geri M.

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

12901 Gulf Lane #312

City

MAdeira Bch.

FL

Zip Code

33708

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

Gerri M. Wells P.

Gerri M. Wells

4-1-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
 NAME WELLS, GERI M
 STREET ADDRESS 12901 GULF BLVD #312
 CITY-ST-ZIP MADERRIA BEACH FL 33708

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

TITLE VS ☐ Delete
 NAME WELLS, PATRICK D
 STREET ADDRESS 8444 LANTANA DR
 CITY-ST-ZIP SEMINOLE FL

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gerri M. Wells 4-1-00 727-432-7085

Date

Daytime Phone #

CR2E034 (9/99)