

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91283 035 ***150.00

DOCUMENT # P94000011538

1. Entity Name
BILL BAILEY'S CARPET CARPET BARN, INC.

Principal Place of Business
4705 95TH ST N
ST PETERSBURG FL 33708
US

Mailing Address
4705 95TH ST N
ST PETERSBURG FL 33708
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3227911**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **WELLS, GERI M**
 Street Address (P.O. Box Number is Not Acceptable) **12901 Gulf Lane #312**
 City **MADEIRA Beach** 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 _____ (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, 2002 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 **PT** ☐ Delete
 NAME **WELLS, GERI M**
 STREET ADDRESS **12901 GULF BLVD #312**
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

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

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 **PT** ☐ Change ☐ Addition
 NAME **WELLS, Geri M**
 STREET ADDRESS **12901 Gulf Lane #312**
 CITY-ST-ZIP **MADEIRA Beach, FL 33708**

TITLE ☐ Change ☐ Addition
 NAME
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 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: **Gerri M Wells**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 **727 319 4840**
 Date Daytime Phone #

CR2E034 (9/01)