

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045118

1. Entity Name

CARPET MILL CONNECTION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90055 011 ***158.75

Principal Place of Business

Mailing Address

841 W ARIEL ROAD
EDGEWATER FL 32141

841 W ARIEL ROAD
EDGEWATER FL 32141-7020

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 **59-3270549**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDHOLM, WILLIAM O JR.
843 W. ARIEL RD.
EDGEWATER FL 32141

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LINDHOLM, WILLIAM O JR.	
STREET ADDRESS	843 WEST ARIEL RD	
CITY - ST - ZIP	EDGEWATER FL 32141	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SULLIVAN, JIM	
STREET ADDRESS	40 BOLONGO BAY	
CITY - ST - ZIP	ST. THOMAS, UYSI	
TITLE	S	<input type="checkbox"/> Delete
NAME	KROMIS, GABI	
STREET ADDRESS	718 RICH DR	
CITY - ST - ZIP	OVIEDO FL 32752	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

William O. Lindholm Jr. President

2/1/00 904-345-0961

CR2E034 (9/99)