

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045118

1. Entity Name  
CARPET MILL CONNECTION, INC.

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90001 049 \*\*\*150.00

Principal Place of Business

841 W ARIEL ROAD  
EDGEWATER FL 32141

Mailing Address

841 W ARIEL ROAD  
EDGEWATER FL 32141

2. Principal Place of Business

351 North US1

3. Mailing Address

841 West Ariel Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAK Hall, FL

City & State

EDGEWATER, FL

4. FEI Number

59-3270549

Applied For

Not Applicable

Zip

32759

Country

Volusia

Zip

32141

Country

Volusia

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

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, 2001 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 P ☐ Delete  
NAME LINDHOLM, WILLIAM O JR.  
STREET ADDRESS 843 WEST ARIEL RD  
CITY-ST-ZIP EDGEWATER FL 32141

TITLE VP ☐ Delete  
NAME SULLIVAN, JIM  
STREET ADDRESS 40 BOLONGO BAY  
CITY-ST-ZIP ST. THOMAS, UVS

TITLE S ☐ Delete  
NAME KROMIS, GABI  
STREET ADDRESS 718 RICH DR  
CITY-ST-ZIP OVIEDO FL 32752

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

William O. Lindholm Jr. 3/28/01 345-0961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)