## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P94000088492 Mar 06, 2000 8:00 am **Secretary of State** DUBOIS RUG DESIGNS, INC. 03-06-2000 90012 035 \*\*\*150.00 Principal Place of Business Mailing Address 3170 N FEDERAL HWY, 100 3170 N FEDERAL HWY, 100 LIGHTHOUSE POINT FL 33064-6721 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0538012 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUBOIS, AMY C Street Address (P.O. Box Number is Not Acceptable) 3170 N FEDERAL HWY, 100 LIGHTHOUSE POINT FL 33064 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE NAME DUBOIS, AMY C NAME STREET ADDRESS STREET ADDRESS 2911 NE 40TH COURT CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Addition Change TITLE Delete NAME DUBOIS, RICHARD E NAME STREET ADDRESS STREET ADDRESS 2911 NE 40TH COURT CITY-ST-ZIP CITY-ST-ZIP --LIGHTHOUSE POINT FL 33064 Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP