

# 2001 UNIFORM BUSINESS REPORT (UBR)

0104139 AV

DOCUMENT # P95000054739

1. Entity Name

CERTIFIED CARPET SALES AND SERVICE, INC.

FILED

02 FEB 11 AM 9:41

Principal Place of Business

1280 N.E. JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

Mailing Address

1280 N.E. JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

2. Principal Place of Business

3. Mailing Address

1311 N.E. Sunview Ter.

1311 N.E. Sunview Ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jensen Beach, Fl.

Jensen Beach, Fl.

City & State

City & State

Zip

Country

Zip

Country

34957

34957

4. FEI Number

59-3357165

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAY, KATHI

1280 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

Name

May, Kathi

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

1311 N.E. Sunview Ter.

Jensen Beach,

City

FL

Zip Code

34957

7. Name and Address of New Registered Agent

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

Kathi May

Kathi May

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PS MAY, KATHI 1280 N.E. JENSEN BEACH BLVD JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MAY, PHIL 1280 N.E. JENSEN BEACH BLVD JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS May, Kathi 1311 N.E. Sunview Ter. Jensen Beach, Fl. 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT May, Phil 1311 N.E. Sunview Ter. Jensen Beach, Fl. 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*\*900.00 \*\*\*\*900.00

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:

Kathi May

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1  
2/01

Date

561-334-4156

Daytime Phone #

CR2E034 (5/01)