DOCUMENT # P95000062830

TAMPA BAY CARPET, INC.

FILED Jan 10, 2001 8:00 am Secretary of State 01-10-2001 90072 029 ***150.00

Principal Place of Business

6544 44TH STREET, NORTH, #1206 PINELLAS PARK FL 33781

Mailing Address

TAMPA BAY CARPET. INC. 6544 44TH STREET, NORTH, #1206 PINELLAS PARK FL 33781-5936

Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State		4.	FEI Number	NOT APPL	CABLE		oplied For ot Applicable		
Zip		Country	Zip Coun		try	5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7.	Name and A	ddress of New R	tegistered A	\gent	
SCHEIB, JERRY W 6544 44TH STREET, NORTH, #1206 PINELLAS PARK FL 33781				Street Address (P.O. Box Number is Not Acceptable)							
					City	,	***		FL	Zip Cod	е
8. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office o	r registered ag	ent, or both,	in the State of Flo	orida.		
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!!! FI After MAY 1, 2001 F Make Check Payable to			001 Fee	will be \$	550.00		on Campaign Fin Fund Contributio			May Be to Fees	
11.		OFFICERS AND D	IRECTORS	12.		7	DITIONS/CI	HANGES TO OFF	ICERS AND		S IN 11
TITLE	D	EDDY IV	Delete	TITLE		P	1 CCUE	тъ		XX Change	☐ Addition
NAME	SCHEIB, JERRY W				JERRY∜W. SCHEIB ADDRESS 6544 44TH ST. N. #1206						
STREET ADDRESS CITY-ST-ZIP	,,				ET ADDRESS -ST-ZIP	PINELLA					
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STREET ADDRESS					ET ADDRESS	ſ	544 44TH ST. N #1206				- 1
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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: