

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90168 049 ***150.00

DOCUMENT # P95000062830

1. Entity Name

TAMPA BAY CARPET, INC.

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**

2. Principal Place of Business

6581 43rd St N

3. Mailing Address

6581 43rd St N

Suite, Apt. #, etc.

1506

Suite, Apt. #, etc.

1506

City & State

Pinellas Park FL

City & State

Pinellas Park FL

Zip

33781

Country

Pinellas

Zip

33781

Country

Pinellas

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHEIB, JERRY W

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

7. Name and Address of New Registered Agent

Name **JILL C. SCHEIB**

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

6581 43rd St N #1506

SPAIN

City

Pinellas Park

FL

Zip Code

33781

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

Jill C. Scheib

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/18/02

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, 2002 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	<input checked="" type="checkbox"/> Delete
NAME	SCHEIB, JERRY W	
STREET ADDRESS	6544 44TH STREET, NORTH, #1206	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHEIB, JILL C	
STREET ADDRESS	6544 44TH ST. N 1206	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DECEASED 9/10/01	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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:

Jill C. Scheib
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 525 4355