

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90105 026 ***150.00

DOCUMENT # P95000062830

1. Entity Name
TAMPA BAY CARPET, INC.



Principal Place of Business
6581 43 STREET NORTH
1506
PINELLAS PARK FL 33781

Mailing Address
6581 43 STREET NORTH
1506
PINELLAS PARK FL 33781

2. Principal Place of Business
6581 43rd St N
Suite, Apt. #, etc.

3. Mailing Address
6581 43rd St N
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHEIB, JILL C
6581 43 STREET NORTH
1506
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SCHEIB, JILL C**
STREET ADDRESS **6544 44TH ST. N 1206**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6581 43rd St N #1506**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **Scheib**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03 7275254355
Date Daytime Phone #

CR2E034 (10/02)