

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088767

1. Entity Name
ABBEY CARPET CO., INC.

Principal Place of Business
**3471 BONITA BAY BLVD
 BONITA SPRINGS FL 34134
 US**

Mailing Address
**3471 BONITA BAY BLVD
 BONITA SPRINGS FL 34134
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**DENMON, RICHARD A ESQ.
 ONE HARBOUR PLACE, CARLTON FIELDS
 777 S. HARBOUR ISLAND BLVD.
 TALLAHASSEE FL 33602-5799**

Name and address of New Registered Agent

Name: **Intrastate Registered Agent Corporation**

Address: **701 Brickell Avenue, Miami FL 33131**

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.

INTERSTATE REGISTERED AGENT CORPORATION

SIGNATURE: 

4/30/01

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

(NOTE: Registered Agent signatures 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 \$150.00
 After MAY 1, 2001 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 **DCEO** ☐ Delete
 NAME **GUTIERREZ, PHILIP**
 STREET ADDRESS **3471 BONITA BAY BLVD**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **CFO** ☐ Delete
 NAME **GRAY, HERBERT D**
 STREET ADDRESS **3471 BONITA BAY BLVD**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **P** ☐ Delete
 NAME **SILVERMAN, STEPHEN**
 STREET ADDRESS **3471 BONITA BAY BLVD**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **ST** ☐ Delete
 NAME **PETERSON, PATRICIA**
 STREET ADDRESS **3471 BONITA BAY BLVD**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

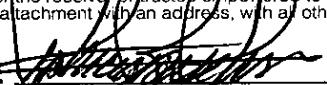
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:  **PATRICIA R. PETERSON** 4/29/01 941-948-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90460 021 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **94-1424097**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**