

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90064 035 ***150.00

DOCUMENT # P96000004447

1. Entity Name
GREAT LAKES CARPET SERVICES, INC.

Principal Place of Business 232 BASIN DRIVE LAUDERDALE BY THE SEA FL 33308	Mailing Address 232 BASIN DRIVE LAUDERDALE BY THE SEA FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number: **65-0632514** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

**SCHINTZIUS, WARREN
 232 BASIN DR.
 LAUDERDALE BY THE SEA FL 33308**

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.

SIGNATURE: _____ (NOTE: Registered Agent's 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 \$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	D <input type="checkbox"/> Delete
NAME	SCHINTZIUS, WARREN T
STREET ADDRESS	944 S.E. 9TH AVENUE
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COURTNEY WILSON
STREET ADDRESS	232 BASIN DR
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308
TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADONNA TURNER
STREET ADDRESS	232 BASIN DR
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308
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	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (10/00)