

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002493

1. Entity Name
CARPETCRAFT OF BREVARD, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90980 036 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
825 HAMPTON WY
APARTMENT A
MERRITT ISLAND FL 32952
US

Mailing Address
825 HAMPTON WY
APARTMENT A
MERRITT ISLAND FL 32952
US

2. Principal Place of Business
825 Hampton Way
Suite, Apt. #, etc.

3. Mailing Address
825 Hampton Way
Suite, Apt. #, etc.

City & State
Merritt Island FL

City & State
Merritt Island FL

Zip
32953

Country
USA

Zip
32953

Country
USA

4. FEI Number 59-3420148

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BAUER, JOHN E
825 HAMPTON WY
APARTMENT A
MERRITT ISLAND FL 32952

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 *John Bauer* President 4/27/01
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!!! 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P BAUER, JOHN E 825 HAMPTON WAY MERRITT ISLAND FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John Bauer* President 4/27/01 321-459-3230
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0083393

CR2E034 (10/00)