

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90861 026 ***150.00

DOCUMENT # P97000002493

1. Entity Name

CARPETCRAFT OF BREVARD, INC.

Principal Place of Business

**825 HAMPTON WAY
 MERRITT ISLAND FL 32953
 US**

Mailing Address

**825 HAMPTON WAY
 MERRITT ISLAND FL 32953
 US**

2. Principal Place of Business

1495 Hannah Dr

Suite, Apt. #, etc.

Merritt Island

City & State

FL 32952

Zip

Country

U.S.A.

3. Mailing Address

1495 Hannah Dr

Suite, Apt. #, etc.

Merritt Island FL

City & State

FL

Zip

32952

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

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)

1495 Hannah Dr

City

Merritt Island

FL

Zip Code

32952

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

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

John Bauer President

4/28/02

(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, 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** ☐ Delete
 NAME **BAUER, JOHN E**
 STREET ADDRESS **825 HAMPTON WAY**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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
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 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

John Bauer President 4/28/02 (311) 459-3030

Date

Daytime Phone #

CR2E034 (9/01)