2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000034085 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name FAIRMAN CARPETS, INC. 04-18-2000 90206 044 ***150.00 Principal Place of Business Mailing Address 161 EVERGREEN STREET NE 161 EVERGREEN STREET NE PALM BAY FL 32907 PALM BAY FL 32907-1906 2. Principal Place of Business 3. Mailing Address 3613 Tartridge CT. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3447765 Not Applicable Country \$8.75 Additional REVARD 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FAIRMAN, BARRY A Street Address (P.O. Box Number is Not Acceptable) 161 EVERGREEN STREET NE PALM BAY FL 32907 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS-\$150,00. _ 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) 7 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME FAIRMAN, BARRY A NAME STREET ADDRESS STREET ADDRESS 3613 PARTRIDGE COUT CITY-ST-ZIP CITY-ST-ZIP W MELBOURNE FL 32904 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 4-11-00