## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 09, 2002 8:00 am § Secretary of State **DOCUMENT #** P97000044234 1. Entity Name CARPET DEPOT DISCOUNT INC. 05-09-2002 90019 002 \*\*\*150.00 Principal Place of Business Mailing Address 550-B N.E. 27TH ST. 550-B N.E. 27TH ST. POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0758724 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required \* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANZARO, THEODORE D Street Address (P.O. Box Number is Not Acceptable) 1900 CORPORATE BLVD. N.W. EAST BUILDING, STE 300 **BOCA RATON FL 33431** City 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 signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition SIMPSON, F NAME NAME 5243 TENNIS LN STREET ADDRESS STREET ADDRESS DELRAY BCH FL 33484 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME SIMPSON, M NAME STREET ADDRESS **5243 TENNELL LN** STREET ADDRESS CITY-ST-ZIP DELRAY BCH FL 33484 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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.