

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90006 037 ***150.00

DOCUMENT # P97000052570

1. Entity Name
CARPET INFOSOURCE, INC.

Principal Place of Business

**8933 WESTERN WAY
 SUITE 18
 JACKSONVILLE FL 32256
 US**

Mailing Address

**8933 WESTERN WAY
 SUITE 18
 JACKSONVILLE FL 32256
 US**

2. Principal Place of Business

**6745 Philips Industrial
 Suite, Apt. #, etc. Blvd
 Ste 400**

**City & State
 Jacksonville, FL**

**Zip Country
 32256 Duval**

3. Mailing Address

**6745 Philips Industrial Blvd
 Suite, Apt. #, etc.
 Ste 400**

City & State

Jacksonville, FL

**Zip Country
 32256 Duval**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3452855**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY
 225 WATER ST., STE. 1800
 JACKSONVILLE FL 32202**

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 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 **PS** ☐ Delete
 NAME **MULLINS, MARK**
 STREET ADDRESS **8933 WESTERN WAY, SUITE 20**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VPM** ☐ Delete
 NAME **MAAS, APRIL**
 STREET ADDRESS **8933 WESTERN WAY, SUITE 18**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition
 NAME **MULLINS, MARK**
 STREET ADDRESS **6745 PHILIPS INDUSTRIAL BLVD, STE 1**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VPM** ☒ Change ☐ Addition
 NAME **MAAS, APRIL**
 STREET ADDRESS **6745 PHILIPS INDUSTRIAL BLVD, STE 400**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **S. Mullins**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2002

Date

(904) 363-0196

Daytime Phone #

CR2E034 (9/01)