

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070735

1. Entity Name

GOLD COAST CARPET, INC.

Principal Place of Business

Mailing Address

6418 NW 5TH WAY
FORT LAUDERDALE FL 33309

6418 NW 5TH WAY
FORT LAUDERDALE FL 33309-6112

2. Principal Place of Business

1401 Old Dixie Hwy

3. Mailing Address

P.O. Box 33624

Suite, Apt. #, etc.

Suite # 3

Suite, Apt. #, etc.

City & State

Lake Park, FL

City & State

P.B.G., FL

Zip

33403

Country

USA

Zip

33420

Country

USA

6. Name and Address of Current Registered Agent

JACOBSEN, CHRISTINE
6418 NW 5TH WAY
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name Carol B. Rodberg
Street Address (P.O. Box Number is Not Acceptable)
401 Clubhouse Circle
(Clubhouse)
City Jupiter FL Zip Code 33477

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

Carol B. Rodberg, owner

3-13-00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	RODBERG, CAROL	
STREET ADDRESS	6418 NW 5TH WAY	
CITY - ST - ZIP	401 Clubhouse Circle FORT LAUDERDALE FL 33309 Jupiter FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Carol B. Rodberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Date

561-881-8315

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0774805

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CR2E034 (9/93)