

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90015 019 ***150.00

DOCUMENT # P97000082083

1. Entity Name
ROY CARPET, INC.

Principal Place of Business
**2836 TSAMIAMI CIRCLE WEST
 SARASOTA FL 34234**

Mailing Address
**2836 TSAMIAMI CIRCLE WEST
 SARASOTA FL 34234-7333**

2. Principal Place of Business
3440 PRUDENCE DR
 Suite, Apt. #, etc.

3. Mailing Address
3440 PRUDENCE DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Sarasota FL

City & State
Sarasota FL

4. FEI Number **65-0782347**

Applied For
 Not Applicable

Zip **34235** Country **U.S.A.**

Zip **34235** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** Delete
 NAME **ROY, SEBASTIEN**
 STREET ADDRESS **2836 TSAMIAMI CIRCLE WEST**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **PSTD** Change Addition
 NAME **Roy Sebastien**
 STREET ADDRESS **3440 Prudence Dr**
 CITY-ST-ZIP **Sarasota FL 34235**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: **Sebastien Roy**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04/28/2000** Daytime Phone # **941-928-6153**

CR2E034 (9/99)