FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700090308 1. Entity Name COMMERCIAL FLOORCOVERING SPECIALIST, INC.					Jan 29, 2002 8:00 am Secretary of State 01-29-2002 90034 011 ***150.00			
Principal Place of Business 1610 NEWPORT LANE FORT LAUDERDALE FL 33326		Mailing Address 1610 NEWPORT LANE FORT LAUDERDALE FL 33326						
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\dashv	DO NOT WRITE IN THIS SPACE			
City & Stat	ne .	City & State		4.	FEI Number 65-0802009	├	oplied For ot Applicable	
Zip Country		Zip	Zip Country		Certificate of Status Desired [\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New Regis		<u>-</u>	
o. Haine and Address of Sufferit Registered Agent				Name				
DEMERIT	T, FRED NPORT LANE		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
WESTON								
			City			FL Zip Cod	e	
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office or reg	stered ag	gent, or both, in the State of Florida			
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature rec	uired when re	einstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		e FILE NOW!!! After May 1, 2002	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		Election Campaign Financi Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AC	DDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMERITT, FRED 1610 NEWPORT LANE FORT LAUDERDALE FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE MERITT, RAYMOND 1610 NEWPORT LANE FORT LAUDERDALE FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		and a figure of the control of the c	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TON BIODERDIE TE GOOLG	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME STREET ANDRESS			☐ Change	Addition	

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1/10/2002 954 384-2879
Date Daytime Phone #