

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90018 033 ***150.00

DOCUMENT # P97000096562

1. Entity Name
CALHOUN CARPET OUTLET, INC.

Principal Place of Business

211 W 15TH
 PANAMA CITY FL 32401
 US

Mailing Address

211 W 15TH
 PANAMA CITY FL 32401
 US

2. Principal Place of Business
245 W. 15th Street

3. Mailing Address
245 W. 15th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Panama City, FL

City & State
Panama City, FL

4. FEI Number **59-3477206**

Applied For
 Not Applicable

Zip
32401

Country

Zip
32401

Country

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

**EDGERTON, PATSY
 341 WOODBEACH DR
 SEAGROVE FL 32459**

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

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, 2001 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 **S** ☐ Delete
 NAME **EDGERTON, PATSY**
 STREET ADDRESS **341 WOODBEACH DR**
 CITY-ST-ZIP **SEAGROVE FL FL 32459**

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

TITLE **VP** ☒ Delete
 NAME **MORGAN, PAT**
 STREET ADDRESS **3809 MYSTIC ST**
 CITY-ST-ZIP **PANAMA CITY FL 32408**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Patsy Edgerton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2001
 Date

Daytime Phone #

CR2E034 (10/00)