

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91021 012 \*\*\*150.00

**DOCUMENT # P97000100651**

1. Entity Name  
**CARPETS OF PINELLAS, INC.**



Principal Place of Business  
**1750 MISSOURI AVENUE  
LARGO FL 33770**

Mailing Address  
**1750 MISSOURI AVENUE  
LARGO FL 33770**

2. Principal Place of Business

**1543 HIGHLAND AVE S.**

3. Mailing Address

**1543 HIGHLAND AVE S.**

Suite, Apt. #, etc.

**# 229**

Suite, Apt. #, etc.

**# 229**

City & State

**CLEARWATER FL**

City & State

**CLEARWATER FL**

Zip

Country

**33756 USA**

Zip

Country

**33756 USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3479452**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MAKIN, EDWARD L  
1750 MISSOURI AVENUE  
LARGO FL 33770**

7. Name and Address of New Registered Agent

Name **EDWARD L. MAKIN**  
Street Address (P.O. Box Number is Not Acceptable) **1543 HIGHLAND AVE S**  
**# 229**  
City **CLEARWATER** FL Zip Code **33756**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/4/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAKIN, EDWARD L</b>	
STREET ADDRESS	<b>1750 MISSOUR AVENUE</b>	
CITY-ST-ZIP	<b>LARGO FL 33770</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAKIN, LORETTA</b>	
STREET ADDRESS	<b>1750 MISSOUR AVENUE</b>	
CITY-ST-ZIP	<b>LARGO FL 33770</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **ED L MAKIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-31-03 727 586 1997**

CR2E034 (10/02)