

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000511

1. Entity Name
THE CARPET GALLERY, INC.

Principal Place of Business

88665 OVERSEAS HWY
TAVERNIER FL 33070

Mailing Address

88665 OVERSEAS HWY
TAVERNIER FL 33070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0804263

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

MARTIN, JAMIE
83665 OVERSEAS HWY
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name MARTIN, JAMIE
Street Address (P.O. Box Number is Not Acceptable)

88665 OVERSEAS HWY

City TAVERNIER

FL Zip 33070

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 re-registering)

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

TITLE D
NAME MORRIS, JENNY
STREET ADDRESS 88665 OVERSEAS HWY
CITY-ST-ZIP TAVERNIER FL 33070 ☐ Delete

TITLE P
NAME GALLAGHER, THOMAS
STREET ADDRESS 88665 OVERSEAS HWY
CITY-ST-ZIP TAVERNIER FL 33070 ☐ Delete

TITLE VPTS
NAME MARTIN, JAMIE
STREET ADDRESS 88665 OVERSEAS HWY
CITY-ST-ZIP TAVERNIER FL 33070 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

305-852-6101

Daytime Phone #

09-12-2001 90010 039 ***158.75
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FILED

01 OCT 25 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2ED34 (10/00)



ROM :

FAX NO. : 305 852-6189

Nov. 07 2001 01:50PM P1

The Carpet Gallery, inc.
88665 Overseas Hwy.
Tavernier, Fl 33070
Ph: 305/852-6101 Fax: 305/852-6189

November 7, 2001

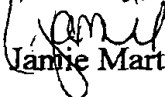
Division of Corporations

Dear Sir/Mam,

Please be advised that I am not in a position at this time to pay the late fees of \$550.00. My husband, who is the President of the Corporation was the victim of a violent crime. He sustained severe back injuries which required surgery and is continuing in physical therapy. Due to the severity of the crime, and the loss of business that occurred the report was not filed until September. Will you please consider waiver of the late fees inasmuch as the initial payment was sent and deposited.

If you require any further documentation, I will be happy to supply you with information from State Victims Program.

Sincerely,


Jamie Martin