2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90406 038 ***150.00

DOCUMENT # P98000030742 1/23/01 (NAME CHANGE)

1. Entity Name
~~CARPET CONCEPTS OF BREVARD, INC.~~
PARADISE CARPET CARE, INC.

Principal Place of Business
389 Fellsmere Rd.
~~425 CRYSTAL MIST ROAD NW~~
~~PALM BAY FL 32907~~
Sebastian, Fl. 32958

Mailing Address
P.O. BOX 56
ROSELAND FL 32957-0056

U00043463

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3503072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVER, HOWARD
425 CRYSTAL MIST ROAD NW
PALM BAY FL 32907

7. Name and Address of New Registered Agent
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OLIVER, HOWARD 425 CRYSTAL MIST ROAD NW PALM BAY FL 32907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S/T OLIVER, Howard ~~425 Crystal Mist Road NW~~ 389 Fellsmere Rd. ~~Palm Bay, FL 32907~~ Sebastian, Fl 32958	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Howard Oliver Howard Oliver P 3-1-01 (321) 768-8404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)