2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000041979

DOCUMENT #

1. Entity Name SPRING CARPET, INC.



Principal Place of Business 4599 BISON STREET **BOCA RATON FL 33428**

Zip

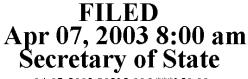
JUNKES, JAIMIR

SIGNATURE -

Mailing Address 4599 BISON STREET **BOCA RATON FL 33428**

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

Zip



04-07-2003 90212 006 ***150.00

	CHECK HERE II	F MAKII	VG CHA	NGES
4. FEI Number 65-0835572			Applied For	
			[Not Applicable
5.	Certificate of Status Desired			5 Additional Required
7.	Name and Address of New Re	gistere	d Agent	
5.	Box Number is Not Acceptable)			

4599 BISON STREET	States and the same and the sam		
BOCA RATON FL 33428			
	City	FL Zip Code	
3. The above named entity submits this statement for the purpose of changing its registere	ed office or registered agent, or both, in the State of Florida.	I am familiar with, and accept	

Name

Street Address (P.

(NOTE: Registered Agent signature required when reinstating)

Country

the obligations of registered agent,

_	
FILE NOW!!! FEE IS \$150.00	,
Y FILE NOW!!! FEE IS \$150.0	
·	-4.
After May 1, 2003 Fee Will be \$55	:00
Maka Chaok Bayahla ta Elorida Denortm	

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

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing \$5.00 May Be_ Trust Fund Contribution. Added to Fees

Make Checi	k Payable to Florida Departificit of State			
10.	OFFICERS AND DIRECTORS	3	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNKES, JAIMIR 4599 BISON STREET BOCA RATON FL 33428	□ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐-Change · ☐ Addition

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 a adopted, with all other like empowered.

SIGNATURE: >

Daytime Phone #