FROM :George R. Hentschel CPA FAX NO. :904-268-1390

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90049 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062223

1. Entity Name
Atlantic Carpet & Floor Covering, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11303 Business Park Blvd S
Suite, Apt. #, etc.
City & State: Jacksonville, FL
Zip: 32256 Country: US

3. Mailing Address
11303 Business Park Blvd S
Suite, Apt. #, etc.
City & State: Jacksonville, FL
Zip: 32256 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3522981 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Booth, Robert A.
Street Address (PO Box Number is Not Acceptable): 1401 Ducktail Court
City: Jacksonville FL Zip Code: 32259

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) [ ]

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 Brown, Ronald A. STREET ADDRESS 7639 Hilsdale Road CITY - ST - ZIP Jacksonville, FL 32216	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE D NAME Booth, Robert A. STREET ADDRESS 1401 Ducktail Court CITY - ST - ZIP Jacksonville, FL 32259	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE D NAME Shiver, Floyd M. Jr. STREET ADDRESS 5216 Quan Drive CITY - ST - ZIP Jacksonville, FL 32205	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an asterisk, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1