

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097623

1. Entity Name

CARPET SPECIALISTS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90085 030 ***150.00

Principal Place of Business

2599 DOLLY BAY DRIVE, #T-208
PALM HARBOR FL 34684

Mailing Address

2599 DOLLY BAY DRIVE, #T-208
PALM HARBOR FL 34684-1137

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3544605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, RICHARD D
1010 DREW STREET
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

Wilda Jimenez, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1308 W. Sligh Avenue

ATTN: Harold Lopez

City

Tampa

FL

Zip Code

33604

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

Jeanne M. Bautel - Jeanne M. Bautel Secretary/Treasurer 3/11/00
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, 2000 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 NAME STREET ADDRESS CITY - ST - ZIP	PD BAUTEL, DALE U 2599 DOLLY BAY DRIVE, #T-208 PALM HARBOR FL 34684	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BAUTEL, JEANNE M 2599 DOLLY BAY DRIVE, #T-208 PALM HARBOR FL 34684	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> De'te

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/00 (722) 938-0863
Date Daytime Phone #

CR2E034 (9/99)