

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 19, 2000 8:00 am
Secretary of State

05-17-2000 90849 002 ***150.00

DOCUMENT # P99000014866

1. Entity Name

J & R CARPETS, INC.

(R)

Principal Place of Business

11848 LAKEWOOD DRIVE
BAYONET POINT FL 34669

Mailing Address

11848 LAKEWOOD DRIVE
BAYONET POINT FL 34669-2905

2. Principal Place of Business

10401 US 19

3. Mailing Address

10401 US 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT RICHIEY FL

City & State

PORT RICHIEY FL

Zip

34668

Country

USA

Zip

34668

Country

USA

4. FEI Number

59-3556958

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLY, RICHARD A
11848 LAKEWOOD DRIVE
BAYONET POINT FL 34669

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 RICHARD A KELLY DEPUTY

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

(NOTE: Registered Agent signature required when reinstating)

6-12-00

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	D	<input type="checkbox"/> Delete
NAME	KELLY, RICHARD A	
STREET ADDRESS	11848 LAKEWOOD DRIVE	
CITY-ST-ZIP	BAYONET POINT FL 34669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 officers empowered.

SIGNATURE: X Richard A. Kelly RICHARD A. KELLY PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 6-7-00

Date

X 727 8684821

Daytime Phone #

CR2E034 (9/99)