

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017425

1. Entity Name

TAVERNIER CARPET AND DESIGN, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90037 034 ***150.00

Principal Place of Business

Mailing Address

91880 OVERSEAS HIGHWAY
TAVERNIER FL 33070

91880 OVERSEAS HIGHWAY
TAVERNIER FL 33070-2643

2. Principal Place of Business

3. Mailing Address

107 GARDEN ST.

107 GARDEN ST.

Suite, Apt. #, etc. #2

Suite, Apt. #, etc. #2

City & State

TAVERNIER, FL.

City & State

TAVERNIER, FL

4. FEI Number

65-0899476

Applied For

Not Applicable

Zip

33070

Country

USA
MONROE

Zip

33070

Country

USA
MONROE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLETAN, GERALD W ESQ
25000 OVERSEAS HIGHWAY
SUMMERLAND KEY FL 33042

Name

Scott Kebel

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

111 Arbor Lane

City

TAVERNIER

FL

Zip Code

33070

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 Scott Kebel President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-11-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME KEBEL, BARBARA ☒ Delete
STREET ADDRESS 206 ANTIGUA ROAD
CITY-ST-ZIP TAVERNIER FL 33070

TITLE President ☒ Change ☐ Addition
NAME Scott Kebel
STREET ADDRESS 111 Arbor Lane
CITY-ST-ZIP TAVERNIER, FL 33070

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00 305 252-8334

Date

Daytime Phone #

CP2E034 (9/99)