

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000071664

FILED
Apr 11, 2002 8:00 AM
Secretary of State

Entity Name: RUGS BY ORION, INCORPORATED

Current Principal Place of Business:

219 S. ORANGE AVENUE
SARASOTA, FL 34236

New Principal Place of Business:

22 SOUTH LINKS AVE
SUITE 300
SARASOTA, FL 34236

Current Mailing Address:

219 S. ORANGE AVENUE
SARASOTA, FL 34236

New Mailing Address:

22 SOUTH LINKS AVE
SUITE 300
SARASOTA, FL 34236

FEI Number: 65-0945049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, DAVID M
219 S. ORANGE AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

MITCHELL, DAVID M
22 SOUTH LINKS AVE
SUITE 300
SARASOTA, FL 34236 US

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:

04/11/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: COHN, MICHAEL Z
Address: 329 INTERSTATE COURT
City-St-Zip: SARASOTA, FL 34240

Title: PD () Delete
Name: COHN, MICHAEL L
Address: 329 INTERSTATE COURT
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. COHN

PD

04/11/2002

Electronic Signature of Signing Officer or Director

Date