2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000074258** Apr 22, 2000 8:00 am Secretary of State CARAVAN RUGS, INC. 04-22-2000 90034 043 ***150.00 Mailing Address Principal Place of Business 132 BOOTH AVE..NORTH #4 132 BOOTH AVE..NORTH #4 CLEARWATER FL 33757-2024 CLEARWATER FL 33755 C0088855 3. Mailing Address 2. Principal Place of Business 200 Starcrest Dr.S. Suite, Apt. #, etc. PO Box 2024 DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-359 3618 learwater Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 375 33765 t) S A U S A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ingraham, Kathleen Mary INGRAHAM, KATHLEEN MARY Street Address (P.O. Box Number is Not Acceptable) 132 BOOTH AVE., NORTH #4 200 Starcrest Or **CLEARWATER FL 33755** Zip Code 3314 learwater 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible _10. Election Campaign Financing _ \$5.00 May Be_ After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President/5/D Randy B Ingraham ☐ Delete TITLE TITLE NAME INGRAHAM, KATHLEEN MARY NAME 200 Starcrest Dr # 96 STREET ADDRESS STREET ADDRESS 132 BOOTH AVE., NORTH #4 Clear water Fl. 33765 CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33755** V- President/T/D ☐ Delete TITLE TITLE Kathleen M. Ingraham 200 Starcrest Or. S. # 96 NAME INGRAHAM, RANDY BROOKS NAME STREET ADDRESS STREET ADDRESS 132 BOOTH AVE., NORTH #4 Clearwater-Flor33765 CITY_ST_ZIP CITY-ST-ZIP CLEARWATER FL 33755 ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete DTI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR