

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90049 009 ***150.00

A0054992

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P990000074258**
1. Entity Name
Caravan Rugs Inc.

Principal Place of Business Mailing Address
200 Starcrest Dr #96
Clearwater Fl.

2. Principal Place of Business 3. Mailing Address
455 Alt. 19 S.
Suite, Apt. #, etc. Suite, Apt. #, etc.
196

City & State City & State
Palm Harbor
Zip Country Zip Country
34683

4. FEI Number Applied For
593593618 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Kathleen M. Ingraham
200 Starcrest Dr #96
Clearwater Fl.

7. Name and Address of New Registered Agent
Name **Kathleen M. Ingraham**
Street Address (P.O. Box Number is Not Acceptable)
455 Alt. 19 S. #196
City **Palm Harbor** FL Zip Code **34683**

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 _____ (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, 2001 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	<input type="checkbox"/> Delete
NAME	
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	
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	President
STREET ADDRESS	Randy B. Ingraham
CITY-ST-ZIP	455 Alt 19 S #196 Palm Harbor FL 34683
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice president
STREET ADDRESS	Kathleen M. Ingraham
CITY-ST-ZIP	455 Alt 19 S #196 Palm Harbor FL 34683
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer
STREET ADDRESS	Kathleen M. Ingraham
CITY-ST-ZIP	Same as above
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary
STREET ADDRESS	Randy B. Ingraham
CITY-ST-ZIP	Same as above
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 like empowered.

SIGNATURE: **Randy B. Ingraham** **Randy B. Ingraham** 160401 727 446 1872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)