

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/13/00-90013-040-\$550.00-\$550.00

DOCUMENT # P99000100411

1. Entity Name  
RUG MAN, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 AM 8:18

Principal Place of Business  
1739 KENILWORTH DRIVE  
CLEARWATER FL 33756

Mailing Address  
1739 KENILWORTH DRIVE  
CLEARWATER FL 33756



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1739 Kenilworth Dr  
Suite, Apt. #, etc. N/A

3. Mailing Address  
1739 Kenilworth Dr  
Suite, Apt. #, etc.

City & State  
Clearwater FL

City & State  
Clearwater FL

4. FEI Number  
65-0979811  
Applied For  
Not Applicable

Zip  
33756  
Country  
USA

Zip  
33756  
Country  
USA

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIAFRONE, JOSEPH R  
1968 BAYSHORE BOULEVARD  
DUNEDIN FL 34698

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 \_\_\_\_\_ (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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	D ARGALL, MATTHEW ROCH 1739 KENILWORTH DRIVE CLEARWATER FL 33756 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURNOYER, CLAIRE 1739 KENILWORTH DRIVE CLEARWATER FL 33756 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 lists empowered.

SIGNATURE: Claire Cournoyer 10 Sept 00 584-9324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)