

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 15, 2001 8:00 am
Secretary of State

01-26-2001 90035 046 ***150.00

DOCUMENT # P99000104378

1. Entity Name
CARPET & THINGS, INC.

Principal Place of Business
**1407 43RD STREET NORTH
 CLEARWATER FL 33762**

Mailing Address
**1407 43RD STREET NORTH
 CLEARWATER FL 33762**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4491 G2nd Ave N.

3. Mailing Address
4491 G2nd Ave N.

Suite, Apt. #, etc.
Unit # 150

Suite, Apt. #, etc.
Unit # 150

City & State
Pinellas Park, Fla

City & State
Pinellas Park Fla

4. FEI Number
11118
~~59-369356~~

Applied For
 Not Applicable

Zip
33781

Country

Zip
33781

Country

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSID
 VICTOR, ROBERT L
 1407 43RD STREET NORTH
 CLEARWATER FL 33762** Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VICTOR ROBERT L
 4491 G2nd Ave N Unit 150
 Pinellas Park Fla 33781 5974** Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
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 Change Addition

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 Change Addition

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 Delete

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 CITY-ST-ZIP
 Change 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 like empowered.

SIGNATURE: **Robert Victor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/9/2001** Daytime Phone #: **727-525-6066**

CR2E034 (10/00)