

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S54215
1. Entry Name
 Broward Discount Carpet and Tile, Inc.

Principal Place of Business **Mailing Address**
 2401 NE 4th Ave. 2401 NE 4th Ave.
 Pompano Beach, FL Pompano Beach, FL
 33064 33064

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Broward Broward

4. FEI Number **Applied For**
 650289131 Not Applicable
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**
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

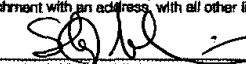
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  **Registered Agent** 12-12-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing.) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

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 President & Director ☐ Delete	NAME Skye J. Molineux	TITLE	☐ Change ☐ Addition
STREET ADDRESS 2750 NE 53rd CT.	CITY-ST-ZIP Lighthouse Point, FL 33065	NAME	
TITLE	☐ Delete	NAME	
STREET ADDRESS 2750 NE 53rd CT	CITY-ST-ZIP Lighthouse Point, FL 33065	STREET ADDRESS	
TITLE	☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
TITLE	☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
TITLE	☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
TITLE	☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS	

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:  **President & Director** 12/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

01 DEC 14 PM 3:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT

00-01

CR2004 (11/00)