

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S55765

1. Entity Name

GREAT LAKES CARPET & TILE, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90129 049 \*\*\*150.00

Principal Place of Business

Mailing Address

BICHARA BLVD  
LAKE FL 32158

988 BICHARA BLVD  
LADY LAKE FL 32159-7714  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HEARNS, DARREN A.  
8411 SE 129TH PLACE  
BELLEVIEW FL 34420

4. FEI Number 59-3105913

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	HEARNS, DARREN A.	
STREET ADDRESS	8411 SE 120TH PLACE	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEARNS, DANIEL J.	
STREET ADDRESS	17678 SE 132ND CT.	
CITY-ST-ZIP	WEIRSDALE FL 32159	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	HEARNS, ELDENE L.	
STREET ADDRESS	202 DEL RIL DR.	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARY, DAWN A	
STREET ADDRESS	10145 C.R. 117	
CITY-ST-ZIP	OXFORD FL 34484	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

352-753-1222

Daytime Phone #

CR2E034 (9/99)