

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90071 017 ***150.00

DOCUMENT # S55765

1. Entity Name
GREAT LAKES CARPET & TILE, INC.

Principal Place of Business

Mailing Address

13553 US HWY 441
 LADY LAKE FL 32159
 US

988 BIGHARA BLVD
 LADY LAKE FL 32159
 US

2. Principal Place of Business

3. Mailing Address

13553 US Hwy 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LADY LAKE, FL

4. FEI Number

59-3105913

Applied For

Not Applicable

Zip

Country

Zip

Country

32159

USA

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

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

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, 2002 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 ☐ Delete
 NAME P
 STREET ADDRESS HEARNS, DARREN A.
 CITY-ST-ZIP 8411 SE 120TH PLACE
 BELLEVUE FL 34420

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME V
 STREET ADDRESS HEARNS, DANIEL J.
 CITY-ST-ZIP 17678 SE 132ND CT.
 WEIRSDALE FL 32159

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME CEO
 STREET ADDRESS HEARNS, ELDENE L.
 CITY-ST-ZIP 202 DEL RIL DR.
 LADY LAKE FL 32159

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS CARY, DAWN A
 CITY-ST-ZIP 10145 C.R. 117
 OXFORD FL 34484

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Eldene L. Hearns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02

Date

352-753-9884

Daytime Phone #

CR2E034 (9/01)