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2002 Uniform Business Report (UBR)

Apr 11, $2\overline{002}$ 8:00 am DOCUMENT # S58565 Secretary of State 1. Entity Name 04-11-2002 90078 016 ***150.00 D & S FLOOR COVERINGS, INC. Principal Place of Business Mailing Address 5510 N COCOA BLVD 5510 N COCOA BLVD COCOA FL 32927 COCOA FL 32927 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3081743 Not Applicable _سريدي ميد حوZip____ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUTHERFORD, DONALD L. Street Address (P.O. Box Number is Not Acceptable) 5510 N COCOA BLVD COCOA FL 32927 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Change TITLE ☐ Delete TIT1 F RUTHERFORD, DONALD L. NAME NAME STREET ADDRESS STREET ADDRESS 5510 N COCOA BLVD CITY-ST-7IP CITY-ST-7IP COCOA FL 32927 ☐ Change ☐ Addition ☐ Delete TITLE TITLE WEISGERBER, SHAWN C. NAME NAME STREET ADDRESS STREET ADDRESS 5510 N COCOA BLVD CITY-ST-7IP CITY-ST-ZIP- . . COCOA FL-32927--- -☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME WEISGERBER, PENNY STREET ADDRESS STREET ADDRESS 5510 N COCOA BLVD CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32927 ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an

hain C Weisgerber 4-2-02 52-690-015