FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jun 06, 2000 8:00 am Secretary of State DOCUMENT #564756 i. Entity Name Carpet World Distributors, Inc. 06-06-2000 90011 038 ***150.00 Principal Place of Business Mailing Address 992 South Military Trail West Palm Beach, FL 33415 B0101466 2. Principal Place of Business 3. Mailing Address 2419 10th Ave. N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 650296866 Not Applicable <u>Lake Worth, FI</u> Country Zip Country \$8.75 Additional 5, Certificate of Status Desired 33461-3128 USA Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name Susco, Richard Street Address (P.O. Box Number is Not Acceptable) 2419 10th Ave N Lake Worth, FL 33461-3128 City 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, 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99 X Change ☐ Addition TITLE ☐ Delete Susco, Richard M. **DPTS** NAME NAME 2419 10th Ave N Susco, Richard S. STREET ADDRESS Lake Worth; FL 33461-3128 STREET ADDRESS 992 South Military Trail CITY-ST-ZIP CITY-ST-ZIP Change Addition | ☐ Delete TITLE 2419 10th Ave N NAME NAME Susco, Barbara STREET ADDRESS STREET ADDRESS Lake Worth, FL 33461-3128 992 South Military Trail CITY-ST-7/P CITY-ST-ZIP WPB, FL 33415 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TIT! E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: