FORPROFITCORPORATION UNIFORMBUSINESSREPORT(UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91205 025 ***150.00

B0124416

DOCUMENT# S72773

1. EntityName
ATLANTIC DISCOUNT CARPET AND TILE INC.

DO NOT WRITE IN THIS SPACE

2. PrincipalPlaceofBusiness	3. MailingAddress
5446 W. ATLANTIC BLVD	
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State: MARGATE FL	City&State
Zip: 33063 Country: BROWARD	Zip Country

DONOTWRITEINTHISSPACE

4. FEINumber: 650282365 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

DO NOT WRITE IN THIS SPACE

7. NameandAddressofCurrentRegisteredAgent

Name: ROSEANN ACCARDI

StreetAddress(P.O.BoxNumberisNotAcceptable): 5446 W. ATLANTIC BLVD

City: MARGATE FL ZipCode: 33063

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.

SIGNATURE: Roseann Accardi 5/28/02
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgent'ssignaturerequiredwhenreinstating) DATE

9. Thiscorporationiscligibletosatisfyitsintangible Taxfilingrequirementandelectstodoso. (Seecriteriaonback) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

11. OFFICERSANDDIRECTORS

TITLE: P NAME: ACCARDI, ROSEANNO STREETADDRESS: 5446 W. ATLANTIC BLVD CITY-ST-ZIP: MARGATE FL. 33063	TITLE NAME STREETADDRESS CITY-ST-ZIP
TITLE: VP NAME: ACCARDI, ANDREW STREETADDRESS: 5446 W. ATLANTIC BLVD CITY-ST-ZIP: MARGATE FL. 33063	TITLE NAME STREETADDRESS CITY-ST-ZIP
TITLE: SECT. NAME: ACCARDI, CARMINE STREETADDRESS: 5446 W. ATLANTIC BLVD CITY-ST-ZIP: MARGATE FL. 33063	TITLE NAME STREETADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

13. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector of the corporation or the receiver or trustee empowered to execute this report as required byChapter607,FloridaStatutes; and that my name appea rs in Block 11oronan attachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: Roseann Accardi 5/28/02 954-979-1550
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#