

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84941

1. Entity Name

THE CARPET COMPANY II, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90800 027 ***150.00

Principal Place of Business

Mailing Address

6349 N. ORANGE BLOSSOM TRAIL
 SUITE B250
 ORLANDO FL 32810

6349 N. ORANGE BLOSSOM TRAIL
 SUITE B250
 ORLANDO FL 32809-6205

2. Principal Place of Business

11318 DISTRIBUTION AVE.

3. Mailing Address

1905 PREMIER ROW

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 JACKSONVILLE, FL

City & State
 ORLANDO, FL

4. FEI Number 59-3171802

Applied For

Not Applicable

Zip

Country

Zip

Country

32256

DUVA

32809

ORANGE

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

FINKBEINER, FRANK
 105 EAST ROBINSON STREET
 SUITE 301
 ORLANDO FL 32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HALL, LARRY W JR	
STREET ADDRESS	9026 RON DEN LANE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAULICH, ARTHUR C	
STREET ADDRESS	5665 OLDE KINGS CT.	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HALL, MARIE T	
STREET ADDRESS	9026 RON DEN LANE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, LARRY W. JR.	
STREET ADDRESS	9026 RON DEN LANE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAULICH, ARTHUR C.	
STREET ADDRESS	5665 OLDE KINGS CT.	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
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:

Arthur C. Graulich PRES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
 Date

407-888-8008
 Daytime Phone #

CR2E034 (9/99)