## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # \$88062** LARRY'S CARPET, INC. 2-28-2001 90067 021 \*\*\*150.00 Mailing Address Principal Place of Business 5799 S US ONE 5799 S US ONE FT PIERCE FL 34982 FT PIERCE FL 34982 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0294319 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOTT, LARRY Street Address (P.O. Box Number is Not Acceptable) 5799 S US ONE FT PIERCE FL 34982 Zip Code City F 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 12. 11. PRESIDENT TITLE ☐ Delete TITLE **X** Change ☐ Addition Bott, LARRY \$79950. U.S. \*1 BOTT, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 5799 S US ONE 34982 CITY-ST-ZIP CITY-ST-ZIP PIERCE, FL FT PIERCE FL S TITLE ☐ Change Addition TITLE ☐ Delete BOTT, CATHY L NAME STREET ADDRESS STREET ADDRESS 5799 SOUTH US 1 CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 22 2001

561.465 -Daytime Phone # 159/0 CR2E034 (10/00)

**FILED**