

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
 04-18-2000 90236 001 ***150.00

DOCUMENT # V17975

1. Entity Name
CENTURY CARPET & TILE, INC.

Principal Place of Business Mailing Address
 905 -5TH AVE N. 905 -5TH AVE N.
 FL 34102 NAPLES FL 34102-5816

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number 65-0311792 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KELLY, THOMAS F., JR
 932 FIFTH AVENUE NORTH
 NAPLES FL 33940

7. Name and Address of New Registered Agent
 Name Thomas F. Kelly Jr.
 Street Address (P.O. Box Number is Not Acceptable)
 985 Fifth Ave North
 City Naples Fl. FL Zip Code 34102

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. ☐ **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 ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CTS KELLY, HELEN J 871 CASSENA ROAD NAPLES FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	871 CASSENA ROAD	NAME	
CITY- ST- ZIP	NAPLES FL	STREET ADDRESS	
		CITY- ST- ZIP	
TITLE	PD KELLY, THOMAS F., JR	TITLE	PD Thomas F. Kelly Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9949 BOCA AVE N.	STREET ADDRESS	10801 Boca Cir
CITY- ST- ZIP	NAPLES FL 34104	CITY- ST- ZIP	Naples Fl. 34109
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	
		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	
		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	
		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY- ST- ZIP		STREET ADDRESS	
		CITY- ST- ZIP	

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: Helen J. Kelly 1/7/00 941-263-2400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)