FILED

2002 Uniform Business Report (UBR)

Mar 19, 2002 8:00 am Secretary of State **DOCUMENT #** V21769 1. Entity Name 03-19-2002 90024 044 ***150 00 DICK'S CARPET WORLD DISTRIBUTORS, INC. Principal Place of Business Mailing Address 2419 10TH AVE NORTH 2419 10TH AVE NORTH LAKE WORTH FL 33461-3128 LAKE WORTH FL 33461-3128 US 4424 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0333333 Not Applicable \$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 SUSCQ, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2419 10TH AVE NORTH LAKE WORTH FL 33461-3128 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. (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. (9/01) **DPTS** DPTS ☐ Addition TITLE Delete TITLE Suco, Richard SUSCO, RICHARD M. NAME NAME STREET ADDRESS 2419 10TH AVE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33461 Change ☐ Delete TITLE Addition NAME SUSCO, BARBARA G NAME STREET ADDRESS STREET ADDRESS 2419 10TH AVE N CITY-ST-7IP CITY-ST-ZIP LAKE WORTH FL 33461 Change ☐ Addition TITLE ☐ Delete TITLE NAME 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 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

changed, or on an attachn