

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V53062

1. Entity Name

ASSOCIATED CARPET MILLS & CONSTRUCTION INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90033 031 ***150.00

Principal Place of Business

3114 SAN MATEO ST.
CLEARWATER FL 34619

Mailing Address

3114 SAN MATEO ST.
CLEARWATER FL 34619

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3138733

Applied For

Not Applicable

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

JOSEPH, THOMAS
4817 E RIVER HILLS DR
TAMPA FL 33617

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, 2001 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 ☐ Delete
NAME JOSEPH, THOMAS R
STREET ADDRESS 5818 BAYSHORE BLVD
CITY-ST-ZIP TAMPA FL

TITLE P ☒ Change ☐ Addition
NAME Joseph, Thomas R
STREET ADDRESS 4817 E River Hills Dr.
CITY-ST-ZIP Tampa FL 33617

TITLE V ☒ Delete
NAME OSTROWSKY, KENDAL
STREET ADDRESS 6702 N 12TH ST
CITY-ST-ZIP TAMPA FL 33604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Thomas Joseph 4/6/01 813-220-4656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)