

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 09, 2003 8:00 am
Secretary of State

06-04-2003 90095 046 ***150.00

DOCUMENT # **V 67273**

1. Entity Name

Quality Carpet Inc.



DO NOT WRITE IN THIS SPACE

55050624

2. Principal Place of Business

1216 SE 43 Terr.

Suite, Apt. #, etc.

3. Mailing Address

1216 SE 43 Terr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cape Coral

City & State
Cape Coral

4. FEI Number

65-0120113

Applied For

Not Applicable

Zip
33904

Country
Lee

Zip
33904

Country
Lee

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *Raymond King*

Street Address (P.O. Box Number is Not Acceptable)
1216 SE 43 Terr.

Cape Coral Fl.

City *Cape Coral*

FL

Zip Code

33904

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Raymond King president RAYmond King

5-31-03

Signature, typed or printed name of registered agent and date applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*President
RAYmond King
1216 SE 43 Terr.
Cape Coral FL 33904*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond King RAY King pres. May 31 239-542-2700

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)