

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90191 016 ***150.00

008644 AV

DOCUMENT # P00000013539

1. Entity Name
INTERNATIONAL FLOORING, INC.

Principal Place of Business

**4708 ABACA ST.
 ORLANDO FL 32808**

Mailing Address

**4708 ABACA ST.
 ORLANDO FL 32808**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3623081**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**ZIMMERMAN, VIRGINIA A
 4708 ABACA ST.
 ORLANDO FL 32808**

Name

Zimmerman, Chris

Street Address (P.O. Box Number is Not Acceptable)

4446 Old Winter Garden Rd

Suite 101

City

Orlando

FL

Zip Code

32811

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 **Virginia Zimmerman**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/02

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, 2002 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 **VPD** ☐ Delete
 NAME **ZIMMERMAN, VIRGINIA A**
 STREET ADDRESS **2593 CLARK ST. SUITE 103**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Zimmerman, Virginia A**
 STREET ADDRESS **4446 Old Winter Garden Rd Suite 101**
 CITY-ST-ZIP **Orlando, FL 32811**

TITLE **PD** ☐ Delete
 NAME **ZIMMERMAN, CHRIS**
 STREET ADDRESS **2593 CLARK ST. SUITE 103**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Zimmerman, Chris**
 STREET ADDRESS **4446 Old Winter Garden Rd Suite 101**
 CITY-ST-ZIP **Orlando, FL 32811**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SEC/TREASURER** ☐ Change ☒ Addition
 NAME **Zimmerman, Patricia**
 STREET ADDRESS **4446 Old Winter Garden Rd Suite 101**
 CITY-ST-ZIP **Orlando, FL 32811**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Signature Required**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 296-7465

CP2E034 (9/01)