

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90229 016 ***150.00

DOCUMENT # P00000048413

1. Entity Name

MEASURE UP FLOORING SERVICE, INC.

Principal Place of Business

1636 OVIEDO GROVE CIRCLE, APT. 2
 OVIEDO FL 32765

Mailing Address

P.O. BOX 622558
 OVIEDO FL 32762-2558

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2990 CR 426

3. Mailing Address

2990 CR 426

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Geneva FL 32732

City & State

Geneva FL

4. FEI Number

59-3646503

Applied For

Not Applicable

Zip

32732

Country

Zip

32732

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERKSON, GARY M
 1132 SYMONDS AVENUE
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name: Charity Demarzo
 Street Address (P.O. Box Number is Not Acceptable): 2990 CR 426
 City: Geneva FL Zip Code: 32732

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: Charity Demarzo, Sec.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: 4-16-01

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: D Delete
 NAME: **DEMARZO, STEVEN**
 STREET ADDRESS: **P.O. BOX 622558**
 CITY-ST-ZIP: **OVIEDO FL 32762-2558**

TITLE: Demarzo, Steven Change Addition
 NAME: Demarzo, Steven
 STREET ADDRESS: 2990 CR 426
 CITY-ST-ZIP: Geneva FL 32732

TITLE: D Delete
 NAME: **DEMARZO, CHARITY**
 STREET ADDRESS: **P.O. BOX 622558**
 CITY-ST-ZIP: **OVIEDO FL 32762-2558**

TITLE: Demarzo, Charity Change Addition
 NAME: Demarzo, Charity
 STREET ADDRESS: 2990 CR 426
 CITY-ST-ZIP: Geneva FL 32732

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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

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: Charity Demarzo Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4-16-01 (407) 349-8700
Date Daytime Phone #

CR2E034 (10/00)