

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90040 012 \*\*\*150.00

**DOCUMENT # P00000078154**  
 1. Entity Name  
**FLOOR DESIGNS OF PINELLAS, INC.**

Principal Place of Business <del>16120 GARDEN DR.</del> <del>ODESSA FL 33556</del>	Mailing Address <del>16120 GARDEN DR.</del> <del>ODESSA FL 33556</del>
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2. Principal Place of Business <b>5120 Central Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>2918 BUSCH LAKE BLVD</b> Suite, Apt. #, etc.
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City & State <b>St. Petersburg, FL</b>	City & State <b>Tampa FL</b>
Zip <b>33707</b>	Zip <b>33614</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3667164</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
~~RODRIGUEZ, RICKY R.~~  
~~16120 GARDEN DR.~~  
~~ODESSA FL 33556~~

7. Name and Address of New Registered Agent  
 Name **Robert Cohen**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2918 BUSCH LAKE BLVD**  
 City **Tampa** FL Zip Code **33614**

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 Robert Cohen DATE 4/16/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del>RODRIGUEZ, RICKY R.</del> <del>16120 GARDEN DR.</del> <del>ODESSA FL 33556</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GOLDSTEIN, RON P.O. BOX 270667 TAMPA FL 33688 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE 4/16/01 DAYTIME PHONE # 813-505-2415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)