

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90039 016 ***150.00

DOCUMENT # P01000087569

1. Entity Name
AT HOME FLOORS, INC.

Principal Place of Business

**2366 PEMBROKE DR.
CLEARWATER FL 33764**

Mailing Address

**2366 PEMBROKE DR.
CLEARWATER FL 33764**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6021 N MISSOURI AVE
Suite, Apt. #, etc.**

3. Mailing Address

**SAME
Suite, Apt. #, etc.**

City & State

LARGO, FL

City & State

SAME

4. FEI Number

59-3743774

Applied For

Not Applicable

Zip

Country

33770 PINELLAS

Zip

Country

SAME

SAME

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOX, GREGORY A
28050 US 19 N., STE. 100
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name **RICHARD L. MCKEEHAN**
Street Address (P.O. Box Number is Not Acceptable) **6021 N. MISSOURI AVE**
City **LARGO** FL Zip Code **33770**

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)

3/28/02
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, 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

TITLE ☐ Delete
NAME **D MCKEEHAN, JAYNE M**
STREET ADDRESS **2366 PEMBROKE DR.**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **TREASURER**
STREET ADDRESS **JANET LOU SCIABARASI-STIEGMAN**
CITY-ST-ZIP **10467 HORIZON DR
SPRING HILL, FL 34608**

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **MARK CURTIS STIEGMAN**
CITY-ST-ZIP **10467 HORIZON DR
SPRING HILL, FL 34608**

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **RICHARD L. MCKEEHAN**
CITY-ST-ZIP **2366 PEMBROKE DR
CLEARWATER, FL 33764**

TITLE ☐ Change ☐ Addition
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: **X SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)