

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90099 005 ***150.00

0054675

DOCUMENT # P96000055100

1. Entity Name

SPECIALTY FLOOR DESIGNS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

~~457 WEKIVA COVE RD~~
~~LONGWOOD FL 32778~~

457 WEKIVA COVE RD
 LONGWOOD FL 32779

2. Principal Place of Business

217 Altamonte Commerce Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite # 1202

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

Zip

Country

4. FEI Number **59-3394730**

Applied For
 Not Applicable

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

ERIKSTRUP, DAVID R
457 WEKIVA COVE RD
LONGWOOD FL 32779

Name

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

City

FL

Zip Code

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)

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, 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	P	☐ Delete
NAME	ERIKSTRUP, DAVID R	
STREET ADDRESS	457 WEKIVA COVE RD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	☒ Delete
NAME	STACK, LESLIE	
STREET ADDRESS	1440 ELM AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	☐ Delete
NAME	VESTER, THOMAS	
STREET ADDRESS	1307 PORTLAND AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☒ Change ☐ Addition
NAME	Ivester, Thomas	
STREET ADDRESS	457 Jordan - Stuart Cir.	
CITY-ST-ZIP	APOLKA, FL 32703	
TITLE	VP	☐ Change ☒ Addition
NAME	Rahe - Erikstrup, Shelly	
STREET ADDRESS	457 Wekiva Cove Rd	
CITY-ST-ZIP	Longwood, FL 32779	
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 ones I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001 (407) 830-9333

Date

Daytime Phone #

CR2E034 (10/00)