

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P03000095622

1. Entity Name

FLOORING & BEYOND, INC.

Principal Place of Business

Mailing Address

9822 BERNWOOD PLACE DR # 113

9822 BERNWOOD PLACE DR # 113

FORT MYERS, FL 33912

FORT MYERS, FL 33912

2. Principal Place of Business

2961 FRIERSON STREET

3. Mailing Address

2961 FRIERSON STREET

Suite Apt. #, etc.

Suite Apt. #, etc.

41

41

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

20-0192706

Applied For

Not Applicable

Zip

33916

Country

USA

Zip

33916

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION

11801 S CLEVELAND AVE # 6

FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SANTOS, JOSE O	
STREET ADDRESS	9822 BERNWOOD PLACE DR # 113	
CITY-STATE-ZIP	FORT MYERS, FL 33912	

TITLE	DV	<input type="checkbox"/> Delete
NAME	SANTOS, MARIA ILZA M	
STREET ADDRESS	9822 BERNWOOD PLACE DR # 113	
CITY-STATE-ZIP	FORT MYERS, FL 33912	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, JOSE O	
STREET ADDRESS	2961 FRIERSON STREET LOT 41	
CITY-STATE-ZIP	FORT MYERS, FL 33916	

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, MARIA ILZA M	
STREET ADDRESS	2961 FRIERSON STREET LOT 41	
CITY-STATE-ZIP	FORT MYERS, FL 33916	

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTOS, DAVI M	
STREET ADDRESS	2961 FRIERSON STREET LOT 41	
CITY-STATE-ZIP	FORT MYERS, FL 33916	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with another I am empowered.

SIGNATURE:

PRESIDENT

04/16/04

(239) 334-6546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/06/2004