

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90106 037 \*\*\*550.00

**DOCUMENT # P95000096028**

1. Entity Name  
**1350 SOUTH OCEAN BOULEVARD, INC.**



Principal Place of Business  
**1215 E BROWARD BLVD  
FT LAUDERDALE FL 33301**

Mailing Address  
**1215 E BROWARD BLVD  
FT LAUDERDALE FL 33301**

2. Principal Place of Business  
**1350 S. OCEAN BLVD.**

3. Mailing Address  
**1700 E. LAS OLAS BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**POMPANO BCH., FL**

City & State  
**FT. LAUDERDALE, FL**

Zip  
**33062**

Country  
**BROWARD**

Zip  
**33301**

Country  
**BROWARD**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0644687**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CRAWFORD, ROBERT W  
1215 E BROWARD BLVD  
FT LAUDERDALE FL 33301**

## 7. Name and Address of New Registered Agent

Name  
**DAVIS W. DUKE, JR., ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1700 E. LAS OLAS BLVD. PH-1**  
City  
**FORT LAUDERDALE FL** Zip Code  
**33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

**DAVIS W. DUKE, JR.**

**8-19-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
**D** ☒ Delete  
NAME  
**CRAWFORD, ROBERT W**  
STREET ADDRESS  
**1215 E BROWARD BLVD**  
CITY-ST-ZIP  
**FT LAUDERDALE FL 33301**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
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TITLE  
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NAME  
  
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PRESIDENT / DIRECTOR** ☒ Change ☒ Addition  
NAME  
**MARY COOPER**  
STREET ADDRESS  
**2541 N. KENYONVILLE RD.**  
CITY-ST-ZIP  
**ALBION, NY 14411**

TITLE  
**V.P. / DIR.** ☒ Change ☒ Addition  
NAME  
**DE KRISTIE ADAMS**  
STREET ADDRESS  
**423 E ST.**  
CITY-ST-ZIP  
**DAVIS, CA 95616**

TITLE  
**SEC. TREAS. / DIR.** ☒ Change ☒ Addition  
NAME  
**MINDIE ADAMS**  
STREET ADDRESS  
**423 E ST.**  
CITY-ST-ZIP  
**DAVIS, CA 95616**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/14/03**

Date Daytime Phone #

CR2E034 (4/03)

Attachment

FLOORS BY CORAL INC.  
7684 N. NOB HILL RD.  
TAMARAC FLORIDA 33321  
954-718-6222

80139413  
P000000114900

TO WHOM IT MAY CONCERN :

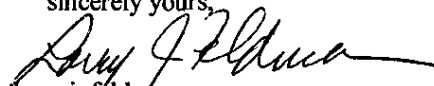
This letter is to advise that I did not receive prior notice as to filing corporate business report

Enclosed is new form with all changes as to adress

Thank you for your consideration

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sincerely yours,

  
Larry J. Feldman v.p.

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