**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # 420993** 1. Entity Name GONZALEZ FLOORING & STONE, INC. -04-03-2001 90084 020 \*\*\*150.00 Principal Place of Business Mailing Address 6760 29TH AVE N. 6760 29TH AVE N. ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 C0040631 2. Principal Place of Business 6760 39 9 3. Mailing Address 6760 29 Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1476640 ST. PETE MAUN ST. PETEMBBUM Not Applicable \$8.75 Additional 5. Certificate of Status Desired PINGLLAS 33*710* PIUBLLAS 33710 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -- -gonzalez-ramon-Street Address (P.O. Box Number is Not Acceptable) 6760 29TH AVE N. ST PETERSBURG 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PVD ☐ Change ☐ Addition TITLE Delete TITLE GONZALEZ, FRANCISCO NAME NAME 5220 59TH WAY N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE GONZALEZ, ROSA NAME NAME STREET ADDRESS STREET ADDRESS 5220 59TH WAY N CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL TITLE Delete ☐ Change ☐ Addition GONZALEZ, RAMON -----NAME .. NAME STREET ADDRESS STREET ADDRESS 6760 29TH AVE N. CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL TITLE ☐ Delete TITLE Change ☐ Addition NAME GONZALEZ, BLANCA NAME STREET ADDRESS STREET ADDRESS 6760 29TH AVE N. CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

| President | P