

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 464796

1. Entity Name
FLOORCRAFT, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90052 001 ***150.00

Principal Place of Business 404 S. HARBOR CITY BLVD. MELBOURNE FL 32901	Mailing Address 404 S. HARBOR CITY BLVD. MELBOURNE FL 32901-1326
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1574808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEELE, CYNTHIA K.
319 HOWARD LANE
MELBOURNE FL 32935**

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 _____ (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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 V	<input checked="" type="checkbox"/> Delete
NAME STEELE, WILLIAM	
STREET ADDRESS 404 SOUTH HARBOR CITY BLVD.	
CITY-ST-ZIP MELBOURNE FL	
TITLE PTD	<input type="checkbox"/> Delete
NAME STEELE-GERMANY, CYNTHA	
STREET ADDRESS 404 S. HARBOR CITY BLVD.	
CITY-ST-ZIP MELBOURNE FL	
TITLE VSD	<input type="checkbox"/> Delete
NAME GERMANY, JOHN W.	
STREET ADDRESS 404 S. HARBOR CITY BLVD.	
CITY-ST-ZIP MELBOURNE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Kiefer, Kelli J.	
STREET ADDRESS 404 South Harbor City Blvd	
CITY-ST-ZIP Melbourne, FL 32901	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Cynthia Steele-Germany Jan. 14, 2000 (321) 724-6982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)