

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91398 004 ***150.00

DOCUMENT # 516421
1. Entity Name CASTLE FLOOR COVERING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1340 N. CLEARVIEW AVE Suite, Apt. #, etc.	3. Mailing Address 1340 N. CLEARVIEW AVE. Suite, Apt. #, etc.
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33607	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1698808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name COX, LARRY J.	
Street Address (P.O. Box Number is Not Acceptable) 1340 N. CLEARVIEW AVENUE	
City TAMPA	Zip Code FL 33607

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. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS			
TITLE PD	NAME COX, LARRY J.	STREET ADDRESS 1340 N. CLEARVIEW AVENUE	CITY - ST - ZIP TAMPA, FL 33607
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Larry J. Cox **LARRY J. COX**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4-21-03 813 977-1823**
Date Daytime Phone #

CR2E034B (12/02)