2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # 519280 Feb 23, 2000 8:00 am **Secretary of State** K & Y FLOOR COVERINGS CO. 02-23-2000 90025 036 ***150.00 Mailing Address Principal Place of Business 699 APOLLO BLVD. 699 APOLLO BLVD. MELBOURNE FL 32901 MELBOURNE FL 32901-1455 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. Applied For City & State 4. FEI Number City & State 59-1714731 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOYD, JOEL Street Address (P.O. Box Number is No 1800 W. HIBISCUS **SUITE 138** MELBOURNE FL 32901 Zip Code 3 790 Solumits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above SIGNATURE and title if applicable DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD D.Change ☐ Addition TITLE TITLE □ Delete GEORGE A. ROMAN ROMAN, GEORGE ANDREW NAME NAME 127 SAND PINE ROAD. STREET ADDRESS STREET ADDRESS 127 SAND PINE ROAD CITY-ST-ZIP INDIALANTIC FL CITY-ST-ZIP INDIALANTIC, FL 32903 **L**Change ☐ Addition ☐ Delete TITLE TITLE JAMES J. KATEHAKIS KATEHAKIS, JAMES NAME NAME 1925 - SHOREVIEW DRIVE RIVER SHORE DRIVE 1925 SHORTVIEW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIALANTIC, FL 32903 CITY-ST-ZIP INDIALANTIC FL 32903 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP [7] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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