

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90092 033 ***150.00

DOCUMENT # 567978

1. Entity Name

SPRAGGINS FLOORING, INC.

Principal Place of Business

**3815 SILVER STAR ROAD
 ORLANDO FL 32808**

Mailing Address

**3815 SILVER STAR ROAD
 ORLANDO FL 32808**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1810546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SPRAGGINS, MICHAEL L
 2586 N ORNAGE BLOSSOM TRAIL
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **Spraggins, Michael L.**

Street Address (P.O. Box Number is Not Acceptable)
3815 Silver Star Rd.

City **Orlando**

FL

Zip Code **32808**

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

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

(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. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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	D	<input type="checkbox"/> Delete
NAME	SPRAGGINS, MICHAEL L	
STREET ADDRESS	4 EAST HARVARD ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRAGGINS, MARGARET M	
STREET ADDRESS	4 EAST HARVARD ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SPRAGGINS, MICHAEL L JR.	
STREET ADDRESS	2909 WESTCHESTER AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOGAN, CHARLES	
STREET ADDRESS	267 NEW WATERFORD PL	
CITY-ST-ZIP	LONGWOOD FL 32779	
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		<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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spraggins, Michael L Jr.	
STREET ADDRESS	733 Euclid Ave.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoban, Charles	
STREET ADDRESS	267 New Waterford Pl.	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blanco, Ryan	
STREET ADDRESS	6016 Mountel Ct.	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reinhardt, Ralph	
STREET ADDRESS	4408 Gattlin Grove Dr.	
CITY-ST-ZIP	Orlando, FL 32812	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)