

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90136 042 ***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**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPRAGGINS, MICHAEL L
3815 SILVER STAR RD
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. 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 checked="" 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	733 EUCLID AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOBAN, CHARLES	
STREET ADDRESS	267 NEW WATERFORD PL	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLANCO, RYAN	
STREET ADDRESS	6016 MOWNTEL CT	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REINHARDT, RALPH	
STREET ADDRESS	4408 GATLIN GROVE DR	
CITY-ST-ZIP	ORLANDO FL 32812	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRAGGINS, MICHAEL L.	
STREET ADDRESS	4 EAST HARVARD ST.	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN ABBOTT	
STREET ADDRESS	1701 WESTCHESTER AVE.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	CEO	<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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL TREMAIN	
STREET ADDRESS	1011 PARK LAKE ST.	
CITY-ST-ZIP	ORLANDO, FL 32803	
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		

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 Block 11 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 #

407-295-4150

CR2E034 (10/02)