

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90054 007 ***150.00

DOCUMENT # F01000000631

1. Entity Name
FLOOR STYLE PRODUCTS, INC.

Principal Place of Business
2620 W-179 HWY
HASTINGS MI 49058

Mailing Address
2620 W-179 HWY
HASTINGS MI 49058

2. Principal Place of Business
2620 W. M-179 Hwy

3. Mailing Address
2620 W. M-179 Hwy

Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number **38-2526878**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDSTEIN, ROBERT
2070 TIGERTAIL BLVD
BAYS DTE BLDG #2
DANIA BEACH FL 33004

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 _____
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **MATTSON, BRYAN**
STREET ADDRESS **3335 CLOVERDALE RD**
CITY-ST-ZIP **DELTON MI**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ **Delete**
NAME **MATTSON, DORMA**
STREET ADDRESS **3335 CLOVERDALE RD**
CITY-ST-ZIP **DELTON MI**

TITLE ☐ **Change** ☐ **Addition**
NAME **Mattson Donna**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S.** ☐ **Delete**
NAME **POWERS, MICHAEL**
STREET ADDRESS **2468 HAGER RD.**
CITY-ST-ZIP **WOODLAND MI**

TITLE ☒ **Change** ☐ **Addition**
NAME **Powers, Michael**
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ **Delete**
NAME **GRAY, JAMES**
STREET ADDRESS **1854 VALLEY PINES DR.**
CITY-ST-ZIP **HASTINGS MI**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 **616-945-4100**
Date **Daytime Phone #**

CR2E034 (9/01)