

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003902

1. Entity Name
JIM HARDIN'S FLOOR SERVICE, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90206 020 ***150.00

Principal Place of Business
PO BOX 2206
HENDERSONVILLE NC 28793-2206

Mailing Address
PO BOX 2206
HENDERSONVILLE NC 28793-2206

764781



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3278 Asheville Hwy,
Suite, Apt. #, etc.
Hendersonville
City & State
North Carolina
Zip
28791 Country
USA

3. Mailing Address
P.O. Box 1419
Suite, Apt. #, etc.
Hendersonville
City & State
North Carolina
Zip
28793 Country
USA

4. FEI Number **56-1092360** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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	CPD	<input type="checkbox"/> Delete
NAME	HARDIN, JAMES	
STREET ADDRESS	2114 OLD KANUGA RD	
CITY-ST-ZIP	HENDERSONVILLE NC 28739	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARDIN, DIANE K	
STREET ADDRESS	2114 OLD KANUGA RD	
CITY-ST-ZIP	HENDERSONVILLE NC 28739	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James Hardin (James Hardin) Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **828-692-0757**

CR2E034 (10/00)