

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90001 031 ***150.00

DOCUMENT # G32363

1. Entity Name

QUALITY FLOORING SUPPLIES, INC.

Principal Place of Business

Mailing Address

**3630 ULMERTON ROAD
CLEARWATER FL 33762
US**

**3630 ULMERTON ROAD
CLEARWATER FL 33762-4213
US**

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 **59-2300865**

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

**JOHNSON, RALPH DALE
4227 ROTHERHAM CT
PALM HARBOR FL 34685**

Name **THOMAS CONNOR**

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

3098 TERN WAY

City **CLEARWATER FL** Zip Code **33762**

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 Thomas Connor

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-00

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, 2000 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 **D** ☐ Delete
NAME **MANIS, HOWARD R.**
STREET ADDRESS **6081 BAHIA DEL MAR CIRCLE #151**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **V** ☐ Change ☒ Addition
NAME **THOMAS CONNOR**
STREET ADDRESS **3098 TERN WAY**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **DST** ☐ Delete
NAME **BLAIR, JASPER**
STREET ADDRESS **PO BOX 19410**
CITY-ST-ZIP **LOUISVILLE KE**

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

TITLE **VP** ☒ Delete
NAME ~~JOHNSON, RALPH DALE~~
STREET ADDRESS ~~4227 ROTHERHAM CT~~
CITY-ST-ZIP ~~PALM HARBOR FL 34685~~

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

TITLE ☐ Delete
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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: Thomas Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00 (727) 572-6999
Date Daytime Phone #

CR2E034 (9/99)