2002 UNIFORM BUSINESS REPORT (UBR)

## H01887

-THE-FLOOR-SHOPPE: INC. Inc

Principal Place of Business 17941 US 441 %ALAN T. STEWART **MOUNT DORA FL 32757** 

**DOCUMENT #** 

1. Entity Name

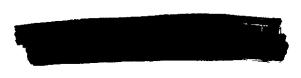
Mailing Address 17941 US 441 % ALAN T. STEWART MOUNT DORA FL 32757 US

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED May 01, 2002 8:00 am Secretary of State

05-01-2002 91517 026 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

					Ì			
City & State			City & State		4.	4. FE! Number FO 0496400		Applied For
					59-2486409			Not Applicable
Zip	3 · · · <u>-</u>	Country	Zip	Country	5.	Certificate of Status Desired	TZ	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
	•			Name	···			
STEWART, ALAN T. 17941 US 441					Street Address (P.O. Box Number is Not Acceptable)			
MOUNT [	OORA FL 32	2757						
				City		· · · · · · · · · · · · · · · · · · ·	FI	Zip Code
. The above	named entit	y submits this statemer	nt for the purpose of c	hanging its registered office or r	egistered ag	gent, or both, in the State of Floric	da.	- 1.
	Signature, typed	or printed name of registered a	gent and title if applicable.	(NOTE: Registered Agent signature	required when re	einstating)	DATE	
Tax filing requirement and elects to do so.  (See criteria on back)  FILE NOW!!! FEE  After May 1, 2002 Fee  Make Check Payable to D					0.00	Election Campaign Finan     Trust Fund Contribution.	cing [	\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME STEWART, ALAN T. NAME STREET ADDRESS 17941 US 441 STREET ADDRESS CITY-ST-ZIP MOUNT DORA FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STEWART, ELFRIEDE NAME STREET ADDRESS 17941 US 441 STREET ADDRESS CITY-ST-ZIP MT DORA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trot 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 emptions 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 attachme

TITLE

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1 ☐ Change

■ Addition