## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 12, 2001 8:00 am Secretary of State **DOCUMENT # H60074** ROMAN FLOOR FINISHING COMPANY, INC. 05-12-2001 90002 027 \*\*\*150 00 Mailing Address Principal Place of Business C/O DARCEL. JEAN C/O DARCEL, JEAN 3251 WICKERSHAM COURT 3251 WICKERSHAM COURT ORLANDO FL 32806 ORLANDO FL 32806 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2586594 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required .. • مين در خ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DARCEL, JEAN R. Street Address (P.O. Box Number is Not Acceptable) 3251 WICKERSHAM COURT ORLANDO FL 32806-3357 Zip Code 100 - 130 - 1 - 130 - 1 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE DARCEL, JEAN R. NAME 3251 WICKERSHAM COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition TITLE ☐ Delete TITLE NAME DARCEL, DAVID T A NAME STREET ADDRESS 3251 WICKERSHAM CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition S-----TITLE TITLE NAME DARCEL, EDWARD NAME STREET ADDRESS 3251 WICHERSHAM CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-26-01 404-859-1670
Date Daylime Phone #

☐ Change

[ ] Addition