

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90061 010 \*\*\*150.00

**DOCUMENT # K87220**

1. Entity Name  
**TRADITIONAL FLOORCOVERING OF FLORIDA, INC.**

Principal Place of Business <b>4605 L.B. MCLEOD RD                  # 400                  ORLANDO FL 32811</b>	Mailing Address <b>4605 L.B. MCLEOD RD                  # 400                  ORLANDO FL 32811</b>
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*B0037691*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-2945732**      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**

**SPADE, STEVEN E.  
 4605 LB MCLEAD RD #400  
 ORLANDO FL 32811**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SPADE, STEVEN E. STREET ADDRESS: 4291 TWILIGHT TRAIL CITY-ST-ZIP: KISSIMMEE FL 34746	<input type="checkbox"/>		
NAME: PELANO, GERALD D. STREET ADDRESS: 11206 ROBERT CARTER RD. CITY-ST-ZIP: FAIRFAX STATION VA	<input type="checkbox"/>		
NAME: RUSSO, THOMAS J STREET ADDRESS: 2637 RUNYON CIRCLE CITY-ST-ZIP: ORLANDO FL 32837	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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

*2-14-02 407-872-1865*  
Date Daytime Phone #

CR2E034 (9/01)