

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90072 025 ***550.00

012176 AT

DOCUMENT # K97334

1. Entity Name
DIVERSIFIED FLOORING, INC.



Principal Place of Business
%MARK P. SEIFERT
3625 SOUTH U.S. 1
EDGEWATER FL 32141

Mailing Address
%MARK P. SEIFERT
3625 SOUTH U.S. 1
EDGEWATER FL 32141



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 **59-2953004**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIFERT, MARK P
3625 SOUTH U.S. 1
EDGEWATER FL 32141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SEIFERT, MARK P
3003 UNITY TREE DR
EDGEWATER FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SEIFERT, G ROBERT
3103 ROYAL PALM
EDGEWATER FL

☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SEIFERT, MARK P**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/03

386.428.3343

Date

Daytime Phone #

CR2E034 (4/03)

80141056

ATTACHMENT K97334
Diversified Flooring, Inc.

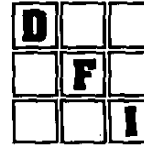
www.diversifiedflooring.com



3625 SOUTH US 1
Edgewater, FL 32141
Ph. (904) 428-3343

JSK

From The Desk Of
Bob Seifert



3500 S. ATLANTIC AVE.
New Smyrna Beach, FL 32169
Ph. (904) 428-0074

JSK

I THINK CHECK #17403

WAS MAILED TO YOU WITHOUT
THE RETURN, PLEASE CHECK
TO SEE IF YOU HAVE
PROCESSED THE 1ST CHECK,
IF SO PLEASE RETURN
THIS CHECK.

THANKS
Bob.