

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0028681 AF

DOCUMENT # L00000006516

1. Entity Name  
TROPICANA HARDWOOD FLOORING, LLC

01 MAY -3 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10429 S.E. 158TH PLACE  
SUMMERFIELD FL 34491

Mailing Address

10429 S.E. 158TH PLACE  
SUMMERFIELD FL 34491



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10429 S.E. 158TH PL.

3. Mailing Address

10429 S.E. 158TH Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Home office

Home office

City & State

City & State

Summerfield FL

Summerfield FL

Zip

Country

Zip

Country

34491

US

34491

4. FEI Number

59-3651127

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIVENS, JOHN T  
10429 S.E. 158TH PLACE  
SUMMERFIELD FL 34491

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.

SIGNATURE John T. Givens

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

000004335260--8  
-05/31/01--01012--006  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE President  
NAME John T. Givens  
STREET ADDRESS 10429 S.E. 158TH PL.  
CITY-ST-ZIP Summerfield FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

John T. Givens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)