

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

L600000010555

Floor Decor, LLC

FILED

Principal Place of Business

Mailing Address

01 JUN 28 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

6001 Powerline Rd.

6001 Powerline Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Ft. Lauderdale FL

Ft. Lauderdale FL

4. FEI Number

65-1036422

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Fieldstone Lister Shear &  
Sternberg  
Suntrust Plaza - Ste 601  
201 Alhambra Circle  
Orlando FL 33134

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

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

400004469624--9

07/11/01--01063--023

\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	A.J. Nassar	
STREET ADDRESS	6001 Powerline Rd.	
CITY-ST-ZIP	Fort Lauderdale FL 33309	
TITLE	President	<input type="checkbox"/> Delete
NAME	Edward Kenny	
STREET ADDRESS	6001 Powerline Rd.	
CITY-ST-ZIP	Fort Lauderdale FL 33309	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	A.J. Nassar	
STREET ADDRESS	6001 Powerline Rd.	
CITY-ST-ZIP	Fort Lauderdale FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

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

A.J. Nassar

Date

Daytime Phone #

6/21/01 (954) 351-9833

CR2E083 (11/00)