

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90257 030 \*\*\*\*50.00

**DOCUMENT # L01000013193**

1. Entity Name  
**FLORIDA FLOOR CARE CENTERS, LLC**

Principal Place of Business

11838 MCAULEY ST.  
 ARLINGTON TN 38002

Mailing Address

11838 MCAULEY ST.  
 ARLINGTON TN 38002

967821



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2122 W. Brandon Blvd  
 Suite, Apt. #, etc.

3. Mailing Address

2122 W. Brandon Blvd  
 Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Brandon FL

4. FEI Number

59-3736123

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33511

Country

USA

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FRICKERT, STEVEN D  
 5852 SEA FOREST DR., APT. 426  
 NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  Delete  
 NAME FICKERT, STEVEN D  
 STREET ADDRESS 11838 MCAULEY ST.  
 CITY-ST-ZIP ARLINGTON TN 38002

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGRM  Delete  
 NAME MOSSBACHER, STEVE  
 STREET ADDRESS 4 SUGAR HILL CT.  
 CITY-ST-ZIP MANCHESTER MO 63021

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGRM  Delete  
 NAME TIMMONS, ROBERT  
 STREET ADDRESS 21117 HARVEST HILLS  
 CITY-ST-ZIP SAN ANTONIO TX 78258

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGRM  Delete  
 NAME PETERS, ALBERT  
 STREET ADDRESS 14 BROOKLINE DR.  
 CITY-ST-ZIP AIKEN SC 29803

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGRM  Delete  
 NAME HOGWOOD, ROBERT  
 STREET ADDRESS 224 COUNTY ROAD 515  
 CITY-ST-ZIP COMO MI 38619

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGRM  Delete  
 NAME Jimmy Coward  
 STREET ADDRESS 17804 Susan Ridge  
 CITY-ST-ZIP Wildwood MO 63038

TITLE  Change  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: *Steven D Frickert* **FRICKERT, STEVEN D** *4/31/02* **813 662 6732**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

UBR0120

CR2E083 (9/01)