

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L28675

1. Entity Name

NORTH PORT FLOORMASTER, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90092 047 ***150.00

Principal Place of Business

Mailing Address

12711 SOUTH TAMiami TRAIL
NORTH PORT FL 34287

P.O. BOX 3319
SARASOTA FL 34230-3319

633204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12984 S. TAMiami TRAIL

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH PORT, FL

City & State

4. FEI Number

65-0156033

Applied For

Not Applicable

Zip

Country

Zip

Country

34287

USA

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

BATES, DONALD J
12711 S TAMiami TRAIL
NO PORT FL 34287

Name

BATES, DONALD J
Street Address (P.O. Box Number is Not Acceptable)

12984 S. TAMiami TRAIL

City

NORTH PORT

FL

Zip Code

34287

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

Donald J Bates

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE ☐ Delete
NAME P
STREET ADDRESS BATES, DONALD J JR
CITY-ST-ZIP 12711 S. TAMiami TRAIL
N. PORT FL 34287

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12984 S. TAMiami TRAIL
CITY-ST-ZIP

TITLE ☐ Delete
NAME ST
STREET ADDRESS BATES, DONNA
CITY-ST-ZIP 12711 S. TAMiami TRAIL
N. PORT FL 34287

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12984 S. TAMiami TRAIL
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

Donald J Bates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/00 941-426-4648