2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90068 006 ***150.00

DOCUMENT # L31793

1. Entity Name

SIMPLY FLOORING SERVICES COMPANY

Principal Place of Business	Mailing Address
C/O KAREN K. MATHIS 847 HAMILTON DRIVE ORLANDO FL 32833	C/O KAREN K. MATHIS 847 HAMILTON DRIVE ORLANDO FL 32833-2748

J40014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
243 Jefferson ST Suite, Apt. #, etc.	P.O. Box 421 Suite, Apt. #, etc.
City & State: Center Hill FL	City & State: Center Hill FL
Zip: 33514 Country: SUMTER	Zip: 33514 Country:

4. FEI Number 59-2949052 ☐ Applied For ☐ Not Applicable

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
MATHIS, KAREN K. 847 HAMILTON DRIVE ORLANDO FL 32833	Name: Derrell L. Meeks Street Address (P.O. Box Number is Not Acceptable): 243 Jefferson ST. City: Center Hill FL Zip Code: 33514

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: DERRELL L. MEEKS Derrell L. Meeks 4/13/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS MATHIS, KAREN K. 847 HAMILTON DR. ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR / SECRETARY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT MATHIS, GEIRY L. 847 HAMILTON DR. ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR/ PRESIDENT/ TREASURER DERRELL L. MEEKS 243 Jefferson ST Center Hill FL 33514	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: Derrell L. Meeks 4/13/00 407-810-3429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #