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2001 UNIFORM BUSINESS REPORT (UBR	2001	UNIFORM	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)
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SIGNATURE:

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NAME

Sep 05, 2001 8:00 am Secretary of State SIMPLY FLOORING SERVICES COMPANY 09-05-2001 90025 013 \*\*\*550.00 Principal Place of Business Mailing Address 293 JEFFERSON STREET C/O KAREN K. MATHIS CENTER HILL FL 33514 847 HAMILTON DRIVE ORLANDO FL 32833 36929 TAYLOR MILLERD DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2949052 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent MATHIS, KAREN K. 6323 CLARET DR JACKSONVINE FE 32210 Street Address (P.O. Box Number is Not Acceptable) 847 HAMILTON DRIVE ORLANDO FL 02000 City 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. €IGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete X Change ☐ Addition (5/01)MATHIS, KAREN K. NAME NAME 6323 CLARET DE 847 HAMILTON DR. STREET ADDRESS CR2E034 STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP JACKSONVI ILE TITLE TITLE Delete Change ☐ Addition MATHIS, GEIRY L. NAME NAME STREET ADDRESS 847 HAMILTON DR. STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE Change L. MEEKS NAME NAME 6929 TAYLOR MILL ROAD STREET ADDRESS STREET ADDRESS WITCAND PARK FL 34731 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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CITY-ST-ZIP

TITLE

NAME

13. I hereby certify that the information supplied with this filling 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 in the property of the corporation of the receiver or directors.

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