

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L33172**

1. Entity Name  
**MANICURED FLOORS, INC.**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90291 009 \*\*\*150.00

Principal Place of Business  
**4960 13 AVE. NORTH**  
**ST. PETERSBURG 33 33710**  
**US**

Mailing Address  
**4960 13 AVE. NORTH**  
**ST. PETERSBURG 33 33710**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2989431**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**LAWSON, DONALD E**  
**4960 13 AVE N**  
**ST. PETERSBURG FL 33710**

## 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

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, 2002 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

TITLE **PST** ☐ Delete  
NAME **LAWSON, DONALD E.**  
STREET ADDRESS **4925 28TH AVENUE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ Delete  
NAME **LAWSON, DONALD E.**  
STREET ADDRESS **4925 28TH AVENUE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VP** ☐ Delete  
NAME **KLEEN, TIMOTHY**  
STREET ADDRESS **225 29TH AVE NORTH**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE **V** ☐ Delete  
NAME **STEPHENS, KELLY**  
STREET ADDRESS **7358 46 AVE N**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 E. Lawson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02**  
Date

**727-322-5330**  
Daytime Phone #

CR2E034 (9/01)