

000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L67221

NAME
CORE FLOOR SERVICE, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90129 001 ***150.00

Principal Place of Business L. JOHNSON 550751 FL 32255	Mailing Address % KEVIN L. JOHNSON P.O. BOX 550751 JACKSONVILLE FL 32255-0751
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address	
Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Country	Zip	Country

4. FEI Number 65-0189370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHNSON, KEVIN L.
3670 UNIVERSITY BLVD. S.
APT. 1021
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

Above named entity is filing this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature of Registered Agent: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: 2-11-00

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	PST JOHNSON, KEVIN L. 3670 UNIVERSITY BLVD S #1021 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00 (904) 448-8740

Date Daytime Phone #

CR2E034 (9/99)