

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000047

1. Entity Name
GULFSTREAM FLOORING DISTRIBUTORS, L.C.

Principal Place of Business
3719 CORPOREX PARK DR., SUITE 75
TAMPA FL 33619

Mailing Address
3719 CORPOREX PARK DR., SUITE 75
TAMPA FL 33619

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 59-3410827

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

MAY 16 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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]* 6M

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004418674--6
-06/14/01--01003--005
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM ☒ Delete
NAME BURNS, THOMAS L
STREET ADDRESS 5621 EAST ADAMO DRIVE, UNIT C
CITY-ST-ZIP TAMPA FL 33619

TITLE MGRM ☐ Delete
NAME ATLANTIC WEST FLOORING DISTRIBUTORS, INC.
STREET ADDRESS 228 PELHAM DAVIS CIRCLE
CITY-ST-ZIP GREENVILLE SC 29615

TITLE MGRM ☐ Delete
NAME SOLENBERGER, BRIAN
STREET ADDRESS 3719 CORPOREX PARK DR., SUITE 75
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-24-01

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CR2E083 (11/00)