

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90126 049 \*\*\*150.00

0373107

**DOCUMENT # M88042**

1. Entity Name  
**UNIFIED FLOOR, INC.**

Principal Place of Business Mailing Address  
**9393 120TH LANE NORTH 9393 120TH LANE NORTH**  
**SEMINOLE FL 33772 SEMINOLE FL 33772**

**CU044102**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2898543</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>LINDSAY, FRED</b> <b>9393 120TH LANE NORTH</b> <b>SEMINOLE FL 34642</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				Seminole FL 33772			
				City <b>FL</b> 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, 2001 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	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDSAY, FREDRICK H.			NAME			
STREET ADDRESS	9393 120TH LANE N.			STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL 33772			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDSAY, FREDRICK H., JR.			NAME			
STREET ADDRESS	8213 SHERIDAN AVENUE SOUTH			STREET ADDRESS			
CITY-ST-ZIP	BLOOMINGTON MN 55431			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDSAY, STEVEN F.			NAME	LINDSAY, STEVEN F.		
STREET ADDRESS	4307 TWEED DRIVE			STREET ADDRESS	3438 Midway		
CITY-ST-ZIP	EAU CLAIRE WI 54703			CITY-ST-ZIP	Eau Claire, WI 54703		
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDSAY, MARJORY			NAME			
STREET ADDRESS	9393 120TH LANE NORTH			STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL 33772			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** Marjory Lindsay Marjory Lindsay, Sec. Treas. 4/4/01 727-398-1175  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lindsay Ind., Inc. Date Daytime Phone #

CR2E034 (10/00)