

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90150 009 ***150.00

DOCUMENT # P00000001927

1. Entity Name
FLOORING SOLUTIONS, INC.



Principal Place of Business
5001 S. MACDILL AVE
SUITE 200
TAMPA FL 33611

Mailing Address
5001 S. MACDILL AVE
SUITE 200
TAMPA FL 33611

2. Principal Place of Business

3. Mailing Address

5005 RIO VISTA AVE

5005 RIO VISTA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA, FLA.

TAMPA FLA

City & State

City & State

Zip

Country

Zip

Country

33634

USA

33634

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3616696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (handwritten or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME JONES, J. LARRY
STREET ADDRESS 4950 BAYSHORE BOULEVARD
CITY-ST-ZIP TAMPA FL 33611

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-03 813-882-8382

Date Daytime Phone #

CR2E034 (10/02)