

AMENDED 2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023586

1. Entity Name

H & W FLOORING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
429 N. Orange Blossom Tr.

3. Mailing Address
429 N. Orange Blossom Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip

Country

Zip

Country

32805

USA

32805

USA

4. FEI Number

59-3630497

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Stone, Stephen M.

Street Address (P.O. Box Number is Not Acceptable)
725 North Magnolia Avenue

City
Orlando

FL

Zip Code
32803

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)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
D/P
Cox, Bobby
STREET ADDRESS
429 N. Orange Blossom Trail
CITY-ST-ZIP
Orlando, FL 32805

TITLE
NAME
D/V/S/T
Banton, Jim
STREET ADDRESS
429 N. Orange Blossom Trail
CITY-ST-ZIP
Orlando, FL 32805

TITLE
NAME
V
Walk, Nancy S.
STREET ADDRESS
429 N. Orange Blossom Trail
CITY-ST-ZIP
Orlando, FL 32805

TITLE
NAME
V
Walk, Mitchell B.
STREET ADDRESS
429 N. Orange Blossom Trail
CITY-ST-ZIP
Orlando, FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bobby Cox, President

Date

Daytime Phone #

FILED
02 JUL 11 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (12/01)

7-10-07 321-303-0515