

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90074 026 \*\*\*150.00

**DOCUMENT # P00000026219**

**1. Entity Name**  
**QUALITY FLOORING COMPANY**

**Principal Place of Business**

**Mailing Address**

400 WEST DUVAL ST.  
 LAKE CITY FL 32055

400 WEST DUVAL ST.  
 LAKE CITY FL 32055

**2. Principal Place of Business**

2310 Sisters Welcome Rd

**3. Mailing Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

unit 6

**City & State**

Lake City FL

**City & State**

**Zip**

32055

**Country**

Columbia

**Zip**

**Country**

**4. FEI Number**

59-3634623

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

NIXON, RICHARD A JR  
 2966 JUDY ST  
 LAKE CITY FL 32025

**7. Name and Address of New Registered Agent**

Name Kelli Freeman

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

Rt 9 Box 944

**City**

Lake City

**FL**

**Zip Code**

32024

**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.

Kelli Freeman

(NOTE: Registered Agent signature required when reinstating)

**DATE**

3-29-02

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

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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

**TITLE** PVST ☐ Delete  
**NAME** ADKINS, RON  
**STREET ADDRESS** 3676 NEWSOME ROAD  
**CITY-ST-ZIP** VALDOSTA GA 31606

**TITLE** D ☐ Delete  
**NAME** ADKINS, RON  
**STREET ADDRESS** 3676-NEWSOME ROAD  
**CITY-ST-ZIP** VALDOSTA GA 31606

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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 an other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

3-29-02 386-754-8767

CR2E034 (9/01)