

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-08-2002 90074 026 ***150.00

0003995 AV

DOCUMENT # P00000026219

1. Entity Name
 QUALITY FLOORING COMPANY

Principal Place of Business Mailing Address
 400 WEST DUVAL ST. 400 WEST DUVAL ST.
 LAKE CITY FL 32055 LAKE CITY FL 32055



2. Principal Place of Business 3. Mailing Address
 2310 Sisters Welcome Rd SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Lake City, FL

Zip Country Zip Country
 32055 Columbia

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]* Kelli Freeman DATE 3-29-02
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. 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ADKINS, RON 3676 NEWSOME ROAD VALDOSTA GA 31606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINS, RON 3676-NEWSOME ROAD VALDOSTA GA 31606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **REQUIRED** 3-29-02 386-754-8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)