

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90217 022 \*\*\*150.00

**DOCUMENT # P00000042740**

1. Entity Name  
**FLOOR COVERINGS BY "MICHAEL O'BRIEN", INC.**



Principal Place of Business  
**6017 DUBLIN DRIVE  
NEW PORT RICHEY FL 34653**

Mailing Address  
**6017 DUBLIN DRIVE  
NEW PORT RICHEY FL 34653**



2. Principal Place of Business

**14243 Missouri Skylark Rd.**  
Suite, Apt. #, etc.

3. Mailing Address

**14243 Missouri Skylark Rd.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Brooksville FL**

City & State  
**Brooksville FL**

4. FEI Number **59-3647146**

Applied For  
☐ Not Applicable

Zip Country  
**34614 Hernando**

Zip Country  
**34614 Hernando**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**O'BRIEN, MICHAEL P  
6017 DUBLIN DRIVE  
NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name- **Michael P O'Brien**  
Street Address (P.O. Box Number is Not Acceptable)  
**14243 Missouri Skylark Rd.**  
City **Brooksville** **FL** Zip Code **34614**

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, typed or printed name of registered agent and title 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

TITLE **SP** ☐ Delete  
NAME **O'BRIEN, DAWN**  
STREET ADDRESS **6017 DUBLIN DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **TVP** ☐ Delete  
NAME **O' BRIEN, MICHAEL**  
STREET ADDRESS **6017 DUBLIN DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SP** ☒ Change ☐ Addition  
NAME **O'Brien Dawn**  
STREET ADDRESS **14243 Missouri Skylark Rd.**  
CITY-ST-ZIP **Brooksville FL 34614**

TITLE **TVP** ☒ Change ☐ Addition  
NAME **O'Brien Michael**  
STREET ADDRESS **14243 Missouri Skylark Rd.**  
CITY-ST-ZIP **Brooksville FL 34614**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

**1/19/03** **352-596-2522**  
Date Daytime Phone #

CR2E034 (10/02)