2/ 2/2

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
02-21-2001 90011 004 ***150.00

DOCUMENT # P00000045918

1. Entity Name
PRECISION FLOORING INSTALLATION INC.

- 32281

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2073 SW BEEKMAN STREET PORT SAINT LUCIE FL 34953	2073 SW BEEKMAN STREET PORT SAINT LUCIE FL 34953

2. Principal Place of Business	3. Mailing Address
2073 SW Beekman st	2073 SW Beekman st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie Fl	City & State: Port St. Lucie Fl
Zip: 34953 Country: USA	Zip: 34953 Country: USA

4. FEI Number: 65-1018998 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHEIB, JAMES M
2073 SW BEEKMAN STREET
PORT SAINT LUCIE FL 34953

7. Name and Address of New Registered Agent

Name: President James M Scheib
Street Address (P.O. Box Number is Not Acceptable): 2073 SW Beekman Street
Port Saint Lucie Florida 34953
City: Port Saint Lucie FL 34953

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] P/D/S/T 1/24/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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	President James Scheib ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President-treasurer-secretary James Scheib 2073 SW Beekman St Port Saint Lucie Fl 34953 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Laurelei Scheib 2073 SW Beekman St Port St Lucie Fl 34953 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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 all other like empowered.

SIGNATURE: [signature] P/D/S/T 561-879-4208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #