

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90218 026 \*\*\*150.00

**DOCUMENT # P00000051709**

**1. Entity Name**  
**FLORIDA FLOORING & REMODELING, INC.**



**Principal Place of Business**  
**200 RING AVENUE**  
**SUITE 107 NE**  
**PALM BAY FL 32905**

**Mailing Address**  
**200 RING AVENUE**  
**SUITE 107 NE**  
**PALM BAY FL 32905**

**2. Principal Place of Business**

**950 US HWY 1**

Suite, Apt. #, etc.

**3. Mailing Address**

**950 US HWY 1**

Suite, Apt. #, etc.

**City & State**

**MALABAR, FL**

**Zip**

**32950**

**Country**

**BREVARD**

**City & State**

**MALABAR, FL**

**Zip**

**32950**

**Country**

**BREVARD**

**4. FEI Number**

**59-3647925**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

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

**BASTONE, ANTHONY**  
**200 RING AVE UNIT 107**  
**PALM BAY FL 32905**

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

**Name**

**BASTONE, ANTHONY**

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

**649 EVERGREEN ST. NE**

**City**

**PALM BAY,**

**FL**

**Zip Code**

**32907**

**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**

<b>TITLE</b>	<b>DPS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BASTONE, ANTHONY</b>	
<b>STREET ADDRESS</b>	<b>200 RING AVE 107</b>	
<b>CITY-ST-ZIP</b>	<b>PALM BAY FL 32905</b>	
<b>TITLE</b>	<b>DT</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BASTONE, ANNA F</b>	
<b>STREET ADDRESS</b>	<b>200 RING AVE 107</b>	
<b>CITY-ST-ZIP</b>	<b>PALM BAY FL 32905</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>649 EVERGREEN ST. NE</b>	
<b>STREET ADDRESS</b>	<b>PALM BAY, FL 32907</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>649 EVERGREEN ST. NE</b>	
<b>STREET ADDRESS</b>	<b>PALM BAY, FL 32907</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 prepare 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 and the name of the employee.**

**SIGNATURE:**

**SIGNATURE ANTHONY BASTONE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/2003**

Date

**(321) 733-1601**

Daytime Phone #

CR2E034 (10/02)