

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91185 021 \*\*\*158.75

0647012 AV

DOCUMENT # P00000063199

1. Entity Name  
TRICO FLOORING, INC.Principal Place of Business  
3450 EAST LAKE ROAD #206  
PALM HARBOR FL 34685-2411Mailing Address  
3450 EAST LAKE ROAD #206  
PALM HARBOR FL 34685-2411

826780



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9903 RACE TRACK RD.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**9903 RACE TRACK RD.**  
 Suite, Apt. #, etc.

City & State  
**TAMPA FL**  
 Zip  
**33626**  
 Country  
**USA**

City & State  
**TAMPA FL**  
 Zip  
**33626**  
 Country  
**USA**

4. FEI Number **59-3655739**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**RUUD, DANNY A**  
**108 MIRA VISTA**  
**DUNEDIN FL 34698**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

(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, 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 **PD** ☐ Delete  
 NAME **RUUD, DANNY A**  
 STREET ADDRESS **108 MIRA VISTA DR.**  
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **VD** ☐ Delete  
 NAME **HALVERSON, GARY G**  
 STREET ADDRESS **130 GREENHAVEN TRAIL**  
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **STD** ☐ Delete  
 NAME **EGAN, DIANE N**  
 STREET ADDRESS **130 GREENHAVEN TRAIL**  
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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

TITLE ☐ Change ☐ Addition  
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAN RUUD**  
**PRESIDENT**

**3/6/02 (813) 854-4440**

Date

Daytime Phone #

CR2E034 (9/01)