2003UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT# P00000070621 1. Entity Name						· •				
EAGLE FLOORING, INC.						FILED				
Principal Place of Business Mailing Address					\dashv	03 JAN -2 AM 9: 36				
1266 SO I	MILITARY TR # 521	1266 SO MILITAI	266 SO MILITARY TR # 521			DECRETARY OF STAIL				
DEERFIE	LD BEACH FL 33442	DEERFIELD BEACH FL 33442				TALLAHASSEE, FLÖF	NDA			
2. Principal f	Place of Business	3. Mailing Address			\dashv					
Suite Apt	.#, etc,	Suite. Apt. #. etc.			_	DO NOT WRITE IN THI	S SPACE			
City & Sta	le	City & Stale			4. F	4. FEI Number Applied For				
		Zip Cou		natzv		65-1028612	20.75		Applicable	
Zip	Country		Coun			Certificate of Status Desired	Fee Re	8.75 Additional ee Required		
	6. Name and Address of Curre	nt Registered Agent		Name	7. <u>N</u>	lame and Address of New Registere	I Agent	-		
SIMOES	, CLAUDINEI			Street Address (P 0. Box Number is Not Acceptable)						
1266 SO	MILITARY TR # 521									
DEERFIE	ELD BEACH FL 33442			City			. Zin	Code		
0 The element		the second second				F				
8. The above	named entity submits this statement for	i the purpose of changing its regi	istered om	ice or registered	agent, or	both, in the State of Fightus.				
SIGNATURE.	Signature, typed or printed name of regist	ered agent and title if applicable.	(NOTE:Reg	gistere Agent signa	ture require	ed when reinstating)	DATE			
9. This corpo	pration is eligible to satisfy its Intangi	ble FILE NOV	V! FEE	IS \$150.00		10. Election Campaign Financing				
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2003 Make Check Payable								dded f	May Be to Fees	
11.		ND DIRECTORS	12.	spartment of t		DITIONS /CHANGES TO OFFICERS AN	D DIREC	TORS	IN 11	
TITLE	PST	Delete	TITLE				Cha	:nge	Addition	
NAME	SIMOES, CLAUDINEI		NAME	1		1 2/17/02=01059=-00	5 **	300	:80	
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CITY-ST-ZIP			CITY-							
13 1 haraby o	entify that the information symplind wi	ith this filing doos not qualify fo	r the even	ention stated in	Section 1	19 07/3)(1) Florida Statutos I further or	wife, that	the inf		

1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1). 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 N changed or on an attachment with an address, with all other like empowered.

CLAUDINEI SIMOES - President

12/11/02

Daytime Phone