

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082780

1. Entity Name

ELITE FLOORING OF SOUTH FLORIDA, INC.

FILED

02 JUN 17 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

87186

Principal Place of Business

1029 N FLORIDA MANGO RD
SUITE #6
WEST PALM BEACH FL 33409

Mailing Address

1029 N FLORIDA MANGO RD
SUITE #6
WEST PALM BEACH FL 33409

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-1078223

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, TIMOTHY K ESO.

631 US HIGHWAY ONE

SUITE 404

NORTH PALM BEACH FL 33408

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 relocating)

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 State10. Election Campaign Financing
(Trust Fund Contribution) ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CEO
TUFO, JAMES J
124 E HAMPTON WAY
JUPITER FL 33458 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
GUTVEG, GARY
19513 ESTUARY DR.
BOCA RATON FL 33488 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

Date

561-686-3075

Daytime Phone #

CR2E034 (9/01)