

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091001

1. Entity Name
FINE FLOORS OF FLORIDA, INC.

Principal Place of Business
1535 ANTILLES TERRACE
DELTONA FL 32725

Mailing Address
1535 ANTILLES TERRACE
DELTONA FL 32725

2. Principal Place of Business
2235 S WOODLAND BLVD

3. Mailing Address
2235 S WOODLAND BLVD

Suite, Apt. #, etc.
SUITE 102 & 103

Suite, Apt. #, etc.
SUITE 102 & 103

City & State
DELAND FL

City & State
DELAND FL

Zip
32720

Country
VOLUSIA

Zip
32720

Country
VOLUSIA

4. FEI Number
59-367308Z

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DRUHE, GARY L
1535 ANTILLES TERRACE
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name
GARY L. DRUHE
Street Address (P.O. Box Number is Not Acceptable)
2235 S WOODLAND BLVD
SUITE 102 & 103
City
DELAND FL Zip Code
32720

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)

9/10/01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | D DRUHE, CHERYL B 9413 SOUTHERN GARDEN CIR ALTAMONTE SPRINGS FL 32714 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DRUHE, GARY L 1535 ANTILLES TERRACE DELTONA FL 32725 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARY, WILLIAM H 1220 S WICKHAM RD MELBOURNE FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01
Date

386 738 2218
Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90011 042 ***550.00



DO NOT WRITE IN THIS SPACE

CR2034 (5/01)