

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000097737

1. Entity Name
THE HARDWOOD FLOOR STORE, INC.

Principal Place of Business 2661 HARBOR CIR. CLEARWATER FL 33759	Mailing Address 2661 HARBOR CIR. CLEARWATER FL 33759
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 59-3697170	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS EDWARD T
 1615 ORCHARD HIGHLANDS DR.

 PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name
 ADAMS EDWARD T
 Street Address (P.O. Box Number is Not Acceptable)
 2615 ORCHARD HIGHLANDS DR.

 City
 PALM HARBOR FL Zip Code
 34684

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 _____ DATE **04/27/2001**
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, 2001 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 D <input type="checkbox"/> Delete	NAME ADAMS ELLEN C STREET ADDRESS 2615 ORCHARD HIGHLANDS DR. CITY-ST-ZIP PALM HARBOR FL 34684
TITLE D <input type="checkbox"/> Delete	NAME ADAMS EDWARD T STREET ADDRESS 2615 ORCHARD HIGHLANDS DR. CITY-ST-ZIP PALM HARBOR FL 34684
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: EDWARD T. ADAMS D 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)