

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105503

1. Entity Name
PRO MASTERS FLOOR COVERING, INC.

Principal Place of Business
11749 S ORANGE BLOSSOM TRAIL
SUITE A & B
ORLANDO FL 32837

Mailing Address
994 E CARROLL ST
SUITE 7
KISSIMMEE FL 34744-1422

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3684032

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

GONZALEZ, LUIS R
201 NORTH LAKE COURT
KISSIMMEE FL 34743

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D SAVINON, ENRIQUE
STREET ADDRESS 145 POINSETTIA DRIVE
CITY-ST-ZIP KISSIMMEE FL 34743

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

TITLE NAME ☐ Delete
D GONZALEZ, LUIS R
STREET ADDRESS 201 NORTH LAKE COURT
CITY-ST-ZIP KISSIMMEE FL 34743

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

TITLE NAME ☐ Delete
D SAVINON, ANA J
STREET ADDRESS 145 POINSETTIA DRIVE
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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: ENRIQUE SAVINON 01/04/02 407-870-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90004 036 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)