

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110709

1. Entity Name

J C'S HARDWOOD FLOORS, INC.

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90469 013 \*\*\*150.00

Principal Place of Business

C/O JUAN C. GARCIA  
290 S.E. CROSSPOINT DR.  
PT. ST. LUCIE FL 34983

Mailing Address

C/O JUAN C. GARCIA  
290 S.E. CROSSPOINT DR.  
PT. ST. LUCIE FL 34983

2. Principal Place of Business

290 S-E CROSSPOINT DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

P.S.L Florida

City & State

4. FEI Number

65-1054615

Applied For

Not Applicable

Zip

34983

Country

U.S.A

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required.

6. Name and Address of Current Registered Agent

EDGE, JOSEPH  
932 SW BAYSHORE BLVD.  
PT. ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

Name

JUAN CARLOS GARCIA

Street Address (P.O. Box Number is Not Acceptable)

290 S-E CROSSPOINT DR

City

Port St Lucie

FL

Zip Code

34983

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

*Juan Carlos Garcia*

JUAN CARLOS GARCIA

3/5/01

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 ☐ Delete  
NAME C/O  
STREET ADDRESS JUAN CARLOS GARCIA  
CITY-ST-ZIP 290 S-E CROSSPOINT DR  
PSL FL 34983

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

*Juan C. Garcia*

JUAN CARLOS GARCIA

3/5/01

BEPPER# 561-551-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

001237