

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90077 005 ***150.00

DOCUMENT # P00000110709

1. Entity Name
J C'S HARDWOOD FLOORS, INC.



Principal Place of Business
**290 SE CROSS POINTE DR.
PT. ST. LUCIE FL 34983**

Mailing Address
**290 SE CROSS POINTE DR.
290 S.E. CROSSPOINT DR.
PT. ST. LUCIE FL 34983**

90011896



2. Principal Place of Business

2213 S.E. Lucaya St

Suite, Apt. #, etc.

House

3. Mailing Address

2213 S.E. Lucaya St

Suite, Apt. #, etc.

House

City & State

Port St. Lucie FL

City & State

P.S.L FL

Zip

34952

Country

USA

Zip

34952

Country

USA

4. FEI Number

65-1054615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GARCIA, JUAN CARLOS
290 SE CROSS POINT DR.
PT. ST. LUCIE FL 34983**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Juan C Garcia

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-24-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CO** ☒ Delete
NAME **GARCIA, JUAN CARLOS**
STREET ADDRESS **290 SE CROSS POINT DR.**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CO** ☒ Change ☐ Addition
NAME **Juan Carlos Garcia**
STREET ADDRESS **2213 S.E. LACAYA ST**
CITY-ST-ZIP **Port St Lucie FL 34952**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Juan C Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-03

Date

Daytime Phone #

CR2E034 (10/02)