

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90078 008 ***158.75

DOCUMENT # P00000112054

1. Entity Name
FLOORING VISIONS, INC.

Principal Place of Business

294 EAGLET WAY
LAKE MARY FL 32746

Mailing Address

294 EAGLET WAY
LAKE MARY FL 32746

2. Principal Place of Business

300 N. ENTRANCE RD.
Suite, Apt. #, etc.

3. Mailing Address

727 Commerce Circle
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sanford, FL

City & State

Longwood, FL

4. FEI Number

59-3689759

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

32750

Country

USA

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

MILLER & SOUTH, P.A.
2699 LEE ROAD, SUITE 120
WINTER PARK FL 32789

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME HART, PHILIP A
STREET ADDRESS 294 EAGLET WAY
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☒ Change ☐ Addition
NAME PRESIDENT/SECRETARY
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME HART, LISA BETH
STREET ADDRESS 294 EAGLET WAY
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☒ Change ☐ Addition
NAME VICE PRESIDENT/TREASURER
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

(407) 332-7252

Daytime Phone #

CR2E034 (10/00)