

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000114142**1. Entity Name  
SPECIFIED FLOORING, INC.

## Principal Place of Business

639 SW BITTERN STREET

STUART  
34990

FL

## Mailing Address

639 SW BITTERN STREET

STUART  
34990

FL

## 2. Principal Place of Business

639 SW BITTERN STREET

## 3. Mailing Address

P.O. BOX 1767

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

PALM CITY

FL

## City &amp; State

PALM CITY

FL

Zip  
34990

Country

Zip  
34991

Country

## 4. FEI Number

65-1062574

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CUMMINGS ROBERT  
639 SW BITTERN STREETSTUART  
34990

FL

## 7. Name and Address of New Registered Agent

## Name

CUMMINGS ROBERT

Street Address (P.O. Box Number is Not Acceptable)  
639 SW BITTERN STREETCity  
PALM CITY

FL

Zip Code  
34990

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 **ROBERT CUMMINGS**

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

(NOTE: Registered Agent signature required when reinstating)

04/23/2001

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 ☐ Delete  
NAME CUMMINGS DEBRA J  
STREET ADDRESS 639 SW BITTERN STREET  
CITY-ST-ZIP STUART FL 34990TITLE D ☐ Delete  
NAME CUMMINGS ROBERT  
STREET ADDRESS 639 SW BITTERN STREET  
CITY-ST-ZIP STUART FL 34990TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME CUMMINGS DEBRA J  
STREET ADDRESS 639 SW BITTERN STREET  
CITY-ST-ZIP PALM CITY FL 34990TITLE D ☒ Change ☐ Addition  
NAME CUMMINGS ROBERT C  
STREET ADDRESS 639 SW BITTERN STREET  
CITY-ST-ZIP PALM CITY FL 34990TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: **DEBRA J. CUMMINGS**

D

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)