

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90256 018 ***150.00

DOCUMENT # P0100 00 0 1963

1. Entity Name

PROFESSIONAL FLOOR INSTALLERS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3571 US ALT 19

3. Mailing Address

C/O DAVID RAMOS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1753 BLUE LAKE CT

City & State

PALM HARBOR, FL

City & State

TARPON SPRINGS, FL

Zip

34683

Country

PINELLAS

Zip

34689

Country

PINELLAS

4. FEI Number

59-3690001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DAVID RAMOS

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

1753 BLUE LAKE CT

City

TARPON SPRINGS

FL

Zip Code

34689

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

David Ramos

DAVID RAMOS, PRES.

4/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 Pres. Sec. Dir.
NAME RAMOS, DAVID
STREET ADDRESS 1753 BLUE LAKE CT
CITY-ST-ZIP TARPON SPRINGS, FL 34689

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *David Ramos* DAVID RAMOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03 727-942-0056

CR2E034B (12/02)