## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

542 N. WOODLAND ST.

## P01000007327 **DOCUMENT #**

1. Entity Name

Principal Place of Business

542 N. WOODLAND ST.

AFFORDABLE HARDWOOD FLOORING, INC.



**FILED** Feb 14, 2003 8:00 am Secretary of State

03 90178 016 \*\*\*158.75

|  | 02-14-200 |
|--|-----------|
|  |           |

| WINTER GARDEN FL 34787    |  |  | WINTER               | WINTER GARDEN FL 34787 |              |                         |   |  |              |                 |                           |  |
|---------------------------|--|--|----------------------|------------------------|--------------|-------------------------|---|--|--------------|-----------------|---------------------------|--|
| 2. Principal Pla          | ace of Busine                                    | ess  | 3. Maili             | 3. Mailing Address     |              |                         |   | i seelibut iif bulut iibit oolii potii               | 19           |                 |                           |  |
| Suite, Apt. #             | t, etc.  | Suite  | Suite, Apt. #, etc.  |                        |              |                         | CHECK HERE IF MAKING CHANGES            |  |              |                 |                           |  |
| City & State  Zip Country |  |  | City 8               | City & State           |              | Country 5.              |   | 59-3695823   |              |                 | olied For<br>Applicable   |  |
|                           |  |  | Zip                  | Zip                    |              |                         |   | 5. Certificate of Status Desired Fee I               |              |                 | 75 Additional<br>Required |  |
|                           | and Address of Currer                            | nt Registere   | d Agent              |                        |              | 7. N                    | lame and Address of New Re              | gistered A   | gent         |                 |                           |  |
|                           |  | The state of the s | ±756 € 7 ±           |                        |              | Name ~~                 |   |  |              |                 |                           |  |
| MOHABIR,                  |  |  |                      | Street Addre           |              |                         | iss (P.O. Box Number is Not Acceptable) |  |              |                 |                           |  |
| - "                       | ODLAND S   |  |                      |                        |              |                         |   |  |              | <del></del> -   |                           |  |
|                           | arden fl   |  |                      |                        |              | City                    |   |  | FL           | Zip Code        |                           |  |
| 8. The above the obligati | named entity<br>ons of registe                   | submits this statement ered agent.   | for the purpo        | ose of changing its    | register     | ed office or regis      | stered age                              | ent, or both, in the State of Flor                   | ida. I am f  | amiliar with, a | and accept                |  |
| SIGNATURE .               |  | or printed name of registered age  | ont and title if ann | licable (NOT           | E: Registere | d Agent signature req   | uired when re                           | sinstating)  | DATE         |                 |                           |  |
| FI<br>After               | LE NOW!!   | ! FEE IS \$150.00<br>3 Fee will be \$550.0   | 0                    |                        |              |                         |   | 9. Election Campaign Fina<br>Trust Fund Contribution |              |                 | 0 May Be<br>to Fees       |  |
| Make Check                | Payable to                                       | Florida Department   |                      |                        |              |                         |   | DITIONS/CHANGES TO OFFI                              | CERS AND     | DIRECTORS       | 3 IN 11                   |  |
| 10.                       |  | OFFICERS AN  | ID DIRECTO           |                        | 11.          |                         |   | DEMONS/OFFANGES TO GET                               |              | ☐ Change        | Addition                  |  |
| TITLE                     | ישון   |  | ☐ Delete             | NAM                    |              |                         |   |  |              |                 |                           |  |
| NAME<br>STREET ADDRESS    |  | , Kashwar<br>Dodland St.   |                      |                        | STR          | EET ADDRESS             |   |  |              |                 |                           |  |
| CITY-ST-ZIP               |  | ARDEN FL 34787   |                      |                        | CIT          | /-ST-ZIP                |   |  |              |                 |                           |  |
| TITLE                     | THE COLUMN                                       |  |                      | ☐ Delete               | TITI         | .E                      |   |  |              | Change          | ☐ Addition                |  |
| NAME                      |  |  |                      |                        | NAI          | i                       |   |  |              |                 | ļ                         |  |
| STREET ADDRESS            |  |  |                      |                        |              | EET ADDRESS<br>Y-ST-ZIP |   |  |              |                 | 1                         |  |
| CITY-ST-ZIP               |  |  |                      |                        |              |                         |   |  |              | ☐ Change        | Addition                  |  |
| TITLE                     |  | د مصد الدميميدان   | ~                    | ☐ Delete               | TITI         | '                       |   | - •  | •            | <u> </u>        | . —                       |  |
| NAME<br>STREET ADDRESS    | I  |  |                      |                        |              | REET ADDRESS            |   |  |              |                 |                           |  |
| CITY-ST-ZIP               |  |  |                      |                        | CIT          | Y-ST-ZIP                | _                                       |  |              |                 |                           |  |
| TITLE                     | <del>                                     </del> | -  |                      | ☐ Delete               | TIT          | LE                      |   | <del></del>  |              | ☐ Change        | ☐ Addition                |  |
| NAME                      |  |  |                      |                        | NA           | I                       |   |  |              |                 |                           |  |
| STREET ADDRESS            |  |  |                      |                        |              | REET ADDRESS            |   |  |              |                 |                           |  |
| CITY-ST-ZIP               |  |  | <u> </u>             |                        | -₽-          | Y-ST-ZIP                |   |  |              | Change          | Addition                  |  |
| TITLE                     |  |  |                      | ☐ Delete               | TIT          |                         |   |  |              |                 |                           |  |
| NAME                      | 1  |  |                      |                        |              | ME<br>REET ADDRESS      |   |  |              |                 |                           |  |
| STREET ADDRESS            |  |  |                      |                        |              | Y-ST-ZIP                |   |  |              | ÷               | _                         |  |
| CITY-ST-ZIP               | <del> </del>                                     |  | <del></del> -        |                        | TIT          |                         |   |  | -            | ☐ Change        | Addition                  |  |
| TITLE                     | 1  |  |                      | ☐ Detete               |              | ME                      |   |  |              |                 |                           |  |
| NAME<br>STREET ADDRESS    |  |  |                      |                        |              | REET ADDRESS            |   | ,  |              |                 |                           |  |
| CITY-ST-ZIP               | 1  |  |                      |                        |              | TY-ST-ZIP               |   |  |              |                 |                           |  |
|                           |  |  | Table Alberta Cition | a door not qualify f   | or the ex    | emption stated          | in Section                              | 119.07(3)(i), Florida Statutes.                      | I further ce | ertify that the | information               |  |

12. Thereby certify that the information supplied with this filling 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: 4

Mohabik 02/11/03