

9/21

FILED  
Sep 11, 2002 8:00 am  
Secretary of State

09-02-2002 90148 025 \*\*\*550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000012981

1. Entity Name  
FIRST FLOORING AND DESIGNS, INC.

Principal Place of Business  
530 ALTERNATE 19 NORTH  
PALM HARBOR FL 34683

Mailing Address  
530 ALTERNATE 19 NORTH  
PALM HARBOR FL 34683

42543

2. Principal Place of Business  
32704 U.S. Hwy 19 N.

3. Mailing Address  
32704 US Hwy 19 N.

Suite, Apt. #, etc.  
Palm Harbor

Suite, Apt. #, etc.  
Palm Harbor, FL

DO NOT WRITE IN THIS SPACE

City & State  
Fla.

City & State  
Palm Harbor, FL

4. FEI Number  
65-1078234

Applied For  
Not Applicable

Zip  
34684

Country  
USA

Zip  
34684

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

ORSATTI, CHAD T ESQ  
600 CLEVELAND STREET SUITE 1100  
CLEARWATER FL 33755

Name  
Orsatti, Chad T, ESQ  
Street Address (P.O. Box Number is Not Acceptable)  
3204 Alternate 19 N. Suite C  
City  
Palm Harbor, FL Zip Code  
34683

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 \_\_\_\_\_ (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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 PD  
NAME NABOZNY, FRANK J  
STREET ADDRESS 530 ALTERNATE 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL 34683  Delete

TITLE PD  
NAME Nabozny, Frank J.  
STREET ADDRESS 32704 US Hwy 19 N.  
CITY-ST-ZIP Palm Harbor, FL 34684  Change  Addition

TITLE VTD  
NAME NABOZNY, KAREN A  
STREET ADDRESS 530 ALTERNATE 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL 34683  Delete

TITLE VTD  
NAME Nabozny, Karen A.  
STREET ADDRESS 32704 US Hwy 19 N.  
CITY-ST-ZIP Palm Harbor, FL 34684  Change  Addition

TITLE SD  
NAME NABOZNY, THERESA  
STREET ADDRESS 530 ALTERNATE 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL 34683  Delete

TITLE SD  
NAME Nabozny, Theresa  
STREET ADDRESS 32704 US Hwy 19 N.  
CITY-ST-ZIP Palm Harbor, FL 34684  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 8/26/02  
Daytime Phone # 727 787 4118

CR2E034 (4/02)