

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

FILED
Aug 08, 2002 8:00 am
Secretary of State

08-08-2002 90092 024 ***150.00

DOCUMENT # P01000022415

1. Entity Name

OFF THE WALL FLOORING, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4831 N.W. 18th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach, Fla.

City & State

4. FEI Number
65-1081720

Applied For
Not Applicable

Zip
33064

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name William R. Mapp

Street Address (P.O. Box Number is Not Acceptable)
4831 N.W. 18th Ave.

Pompano Beach, Florida

City

FL

Zip Code
33064

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
P/D William R. Mapp
STREET ADDRESS
4831 N.W. 18th Ave.
CITY- ST- ZIP
Pompano Beach, Fla. 33064

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
D/ Leann Hermann
STREET ADDRESS
4831 N.W. 18th Ave.
CITY- ST- ZIP
Pompano Beach, Fla. 33064

TITLE
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CITY- ST- ZIP

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IN THIS SPACE**

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

SIGNATURE:

William R. Mapp

8-5-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

attachment

#P01000022415

August 6, 2002

DEPT OF STATE

TO WHOM IT MAY CONCERN:

I AM ENCLOSING A UBR REPORT FOR 2002, WITH PAYMENT
FOR \$150.00.

I NEVER RECEIVED ANY UBR REPORTS FOR 2002 OR
ANY NOTICES THEREAFTER.

I AM HOPING THAT YOU WILL UNDERSTAND AND ACCEPT
MY PAYMENT SO THAT I MAY KEEP MY CORPORATION ACTIVE.

SINCERELY,

William R. Mapp

WILLIAM R. MAPP