

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
05-01-2002 91611 029 \*\*\*155.00

**DOCUMENT #** *PD0000027454*  
**1. Entity Name**  
*Eco Floors, Inc.*

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
*3535 69th St.*  
Suite, Apt. #, etc.

**3. Mailing Address**  
*PO Box 177*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
*WINTER BEACH, FL.*  
**Zip** *32971* **Country** *USA*

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*WINTER BEACH, FL.*  
**Zip** *32971* **Country** *USA*

**4. FEI Number**  
*65-1083833*

**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**  
*SUZANNE LASTER*

**Street Address (P.O. Box Number is Not Acceptable)**  
*3545 69th St.*

**P.O. Box** *111*

**City** *WINTER BEACH* **FL** **Zip Code** *32971*

**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 reinstating) 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** ☒ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <i>PRESIDENT</i>	<b>TITLE</b>
<b>NAME</b> <i>SUZANNE LASTER</i>	<b>NAME</b>
<b>STREET ADDRESS</b> <i>3545 69th St, PO Box 111</i>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b> <i>WINTER BEACH, FL 32971</i>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>TITLE</b>
<b>NAME</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>TITLE</b>
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<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>

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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:** *Suzanne P. Laster* **16 APRIL 2002** **772-569-5043**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034B (12/01)