

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0412652 AV

04-01-2002 90643 023 ***150.00

DOCUMENT # P01000042765

1. Entity Name
 CONSUMERS FOR SAFER FLOORS, INC.

Principal Place of Business
 25903 GOLDTREE CT.
 WESLEY CHAPEL FL 33544

Mailing Address
 25903 GOLDTREE CT.
 WESLEY CHAPEL FL 33544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 5155 JENSON AVE.

3. Mailing Address
 5155 JENSON AVE

Suite, Apt. #, etc.

City & State
 SPRINGHILL FL

City & State
 SPRING HILL FL

4. FEI Number
 59-3720857

Applied For
 Not Applicable

Zip
 34608

Country

Zip
 34608

Country

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

FOOTE, JOHN
 5155 JENSON AVE.
 SPRING HILL FL 34608

Name
 Street Address (P.O. Box Number is Not Acceptable)
 5155 JENSON AVE.
 City
 FL Zip Code

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 *John Foote* DATE *3/13/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D FOOTE, JOHN 25903 GOLDTREE CT. WESLEY CHAPEL FL 33544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5155 JENSON AVE. SPRING HILL FL 34608
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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: *John Foote* DATE *3/13/02* DAYTIME PHONE # *(352) 684-6303*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)