

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90187 042 \*\*\*150.00

**DOCUMENT # P01000044861**

1. Entity Name  
**WILLIAM UZ FLOORING, INC.**



Principal Place of Business  
**3441 SE HART CIR  
PORT ST LUCIE, FL 34984**

Mailing Address  
**3441 SE HART CIR  
PORT ST LUCIE, FL 34984**

**24068959**



01232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1102214**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**UZ, WILLIAM  
3441 SE HART CIR  
PORT ST LUCIE, FL 34984**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	UZ, WILLIAM
STREET ADDRESS	3441 SE HART CIR
CITY-ST-ZIP	PORT ST LUCIE, FL 34984
TITLE	Vice President
NAME	ETHERIDGE, DANIEL O
STREET ADDRESS	3113 SW LANDALE AVE.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	Vice President
NAME	Etheridge, David
STREET ADDRESS	3022 SE WAKERD
CITY-ST-ZIP	Port St Lucie FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-30-04**

Date

**772-370-4126**

Daytime Phone #