

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90286 037 ***150.00

DOCUMENT # P01000045703**1. Entity Name**
ESTABROOKS FLOORING, INC.**Principal Place of Business**
20367 HILLSBORO BOULEVARD
PORT CHARLOTTE FL 33954**Mailing Address**
20367 HILLSBORO BOULEVARD
PORT CHARLOTTE FL 33954

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4330 Scottish TERRACE
Suite, Apt. #, etc.
NORTH PORT, FL.
City & State
34288 SARASOTA
Zip Country**3. Mailing Address**
4330 Scottish TERRACE
Suite, Apt. #, etc.
NORTH PORT, FL.
City & State
34288 SARASOTA
Zip Country**4. FEI Number**
651103631
Applied For
☐ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****HASCAL, TERESA A**
20367 HILLSBORO BOULEVARD
PORT CHARLOTTE FL 33954**7. Name and Address of New Registered Agent****Name**
HASCAL, TERESA A**Street Address (P.O. Box Number is Not Acceptable)****4330 Scottish TERRACE****City** **NORTH PORT** **FL** **Zip Code** **34288****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)**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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	HASCAL, TERESA A	20367 HILLSBORO BOULEVARD PORT CHARLOTTE FL 33954	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (9/01)