

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90245 001 ***150.00

0416405 AV

DOCUMENT # P01000047980

1. Entity Name

B & C FLOOR SERVICE CO.



Principal Place of Business

**13843 VIA VINCE
DELRAY BEACH FL 33446**

Mailing Address

**13843 VIA VINCE
DELRAY BEACH FL 33446**

2. Principal Place of Business

2155 S. OCEAN BLVD.

3. Mailing Address

2155 S. OCEAN BLVD.

Suite, Apt. #, etc.

#10

Suite, Apt. #, etc.

#10

City & State

DELRAY BEACH FLORIDA

City & State

DELRAY BEACH, FLORIDA

Zip

33483

Country **PALM BEACH**

UNITED STATES

Zip

33483

Country **PALM BCH**

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1110025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WURSTER, WILLIAM K	
STREET ADDRESS	13843 VIA VINCE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	WURSTER, CATHERINE M	
STREET ADDRESS	13843 VIA VINCE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2155 S. OCEAN BLVD. #10	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2155 S. OCEAN BLVD. #10	
CITY-ST-ZIP	DELRAY BEACH, FL. 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

WILLIAM K WURSTER

4/18/03

(561) 266-0167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)