

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90070 011 ***150.00

DOCUMENT # P01000051724

1. Entity Name
CONCEPT FLOORING, INC.

Principal Place of Business

200 E. ROBINSON STREET
SUITE 500
ORLANDO FL 32801

Mailing Address

200 E. ROBINSON STREET
SUITE 500
ORLANDO FL 32801

2. Principal Place of Business

1005 HOWELL Harbor Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Casselbury FL

City & State

Casselbury FL

4. FEI Number

59-3725799

Applied For

Not Applicable

Zip

32707

Country

USA

Zip

32707

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT, INC.
200 E. ROBINSON STREET
SUITE 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
HENDRY, STONER, DELANCETT & BROWN, P.A.
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.

SIGNATURE *[Signature]* **DATE** **2/8/02**

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	D	<input type="checkbox"/> Delete
NAME	HUTH, RUSSELL	
STREET ADDRESS	510 POLARIS LOOP #102	
CITY-ST-ZIP	CASSELBURY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTH, DAVID L	
STREET ADDRESS	1005 HOWELL HARBOR DRIVE	
CITY-ST-ZIP	CASSELBURY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOFFITT, JIM	
STREET ADDRESS	510 POLARIS LOOP #102	
CITY-ST-ZIP	CASSELBURY FL 32707	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, S	<input checked="" 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		
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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		

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]* **DATE** **02-16-02** **Daytime Phone #** **407 240 3130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)