

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

06-05-2002 90413 002 ***150.00

DOCUMENT # P0100D054737

1. Entity Name

Anthony's Flooring, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1165 Wilmington Dr.

Suite, Apt #, etc.

3. Mailing Address

1165 Wilmington Dr.

Suite, Apt #, etc.

City & State

Deltona, Florida

Zip
32725

Country

U.S.A

City & State

Deltona, Florida

Zip
32725

Country

U.S.A

4. FEI Number

59-3722508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph L. Noell, P.A.

Street Address (P.O. Box Number is not acceptable)

3284 North State Road 7

Landmark Lakes

FL

Zip Code
33319

**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.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/30/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<i>Anthony Gardini</i>	<i>1165 Wilmington Dr.</i>	<i>Deltona, FL 32725</i>				

**DO NOT WRITE
IN THIS SPACE**

3. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02