

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-17-2003 91061 004 ***150.00

DOCUMENT # P01000064311

1. Entity Name
TGI FLOORS, INC.



Principal Place of Business
**3723 PELICAN BAY COURT
WELLINGTON FL 33414**

Mailing Address
**3723 PELICAN BAY COURT
WELLINGTON FL 33414**

55021178



2. Principal Place of Business
1119 MANDERLY LN.

3. Mailing Address
1119 MANDERLY LN.

City & State
WELLINGTON, FL

City & State
WELLINGTON, FL

4. FEI Number
APPLIED FOR

Applied For
☐ Not Applicable

Zip
33467

Country
FLA BEACH

Zip
33467

Country
FLA BEACH

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLASGOW, TIMOTHY J
3723 PELICAN BAY COURT
WELLINGTON FL 33414**

Name
1119 MANDERLY LANE
WELLINGTON FL 33467

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GLASGOW, TIMOTHY J	
STREET ADDRESS	3723 PELICAN BAY COURT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GLASGOW, NANCY E	
STREET ADDRESS	3723 PELICAN BAY COURT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)