

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90035 015 ***150.00

DOCUMENT # P010000069377

1. Entity Name

GET Floored Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5140 Cobble Creek Court

3. Mailing Address

5140 Cobble Creek Court.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Naples

City & State

Naples

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

34110 FL

Country

USA

Zip

34110.

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Patrick Mc Gint

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

5140 Cobble Creek Court # 201

City

Naples

FL

Zip Code

34110

**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

Patrick McGint

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/02

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 President
NAME Patrick Mc Gint
STREET ADDRESS 5140 Cobble Creek Court # 201
CITY-ST-ZIP Naples FL 34110.

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02

Date

941-2532479

Daytime Phone #

CR2E034B (12/01)