2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
01-16-2002 90042 002 ***150.00

DOCUMENT # P01000080985

1. Entity Name
COMMERCIAL FLOORING DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
~~520 INTERLACHEN AVE.~~	~~520 INTERLACHEN AVE.~~
~~WINTER PARK FL 32789~~	~~WINTER PARK FL 32789~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
624 Douglas Ave	
Suite, Apt. #, etc. ~~[illegible]~~ Suite 1406	Suite, Apt. #, etc.
City & State ALTamonte Springs, FL	City & State
Zip 32714 Country Seminole	Zip Country

4. FEI Number 59-3738277 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, JAMES
520 INTERLACHEN AVE.
WINTER PARK FL 32789

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.

SIGNATURE [signature] DATE 1/4/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KELLEY, ARDEN	NAME	
STREET ADDRESS	~~520 INTERLACHEN AVE.~~ ~~624 Douglas Ave,~~	STREET ADDRESS	624 Douglas Ave, Suite 1406
CITY-ST-ZIP	~~WINTER PARK FL 32789~~ ~~ALTamonte Springs,~~ FL	CITY-ST-ZIP	ALTamonte Springs, FL 32714
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TAYLOR, JAMES	NAME	
STREET ADDRESS	520 INTERLACHEN AVE.	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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] SIGNATURE REQUIRED 1/4/02 407-788-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #