

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90058 021 ***150.00

DOCUMENT # P01000108883

1. Entity Name
UNIVERSAL FLOORS, INC.

Principal Place of Business
2208 THOMAS LYNCH CT
ORANGE PARK FL 32073

Mailing Address
2208 THOMAS LYNCH CT
ORANGE PARK FL 32073

2. Principal Place of Business
2212 THOMAS LYNCH CT

3. Mailing Address
2212 THOMAS LYNCH CT

Suite, Apt. #, etc.

PVT

Suite, Apt. #, etc.

PVT

City & State

ORANGE PARK FL

City & State

ORANGE PARK FL

4. FEI Number

01-0553235

Applied For

Not Applicable

Zip

32073

Country

CLAY

Zip

32073

Country

CLAY

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOLSON, JOHN F JR
462 KINGSLEY AVE STE 101
ORANGE PARK FL 32073

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **PRESIDENT** ☐ Delete
NAME **JUSTINO A. LOOR**
STREET ADDRESS **2212 THOMAS LYNCH CT**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **VICE PRESIDENT/SECRETARY** ☐ Delete
NAME **JEAN-PAUL MORE**
STREET ADDRESS **2208 THOMAS LYNCH CT**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUSTINO A. LOOR

2-25-02 (904) 509-8606
 Date Daytime Phone #

CP2E034 (9/01)