

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

05-27-2002 90270 018 ***150.00
P01000110105

DOCUMENT # P01000110105

1. Entity Name
TOTAL CARE FLOORING, INC.

02 OCT 23 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
47 RIDGE WOOD CIRCLE
TEQUESTA FL 33469

Mailing Address
47 RIDGE WOOD CIRCLE
TEQUESTA FL 33469



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

47 Ridgewood Circle
Suite, Apt. #, etc.

3. Mailing Address

47 Ridgewood Circle
Suite, Apt. #, etc.

City & State
Tequesta, Fla.

Zip 33469 Country U.S.

City & State
Tequesta, Fla.

Zip 33469 Country U.S.

4. FEI Number
6509 03953

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STAMM, CHARLES
47 RIDGE WOOD CIRCLE
TEQUESTA FL 33469

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 _____ (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 P
NAME Charles Stamm ☐ Delete
STREET ADDRESS 47 Ridgewood Circle
CITY-ST-ZIP Tequesta, FL 33469

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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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
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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

4-30-02

(361) 262-2602

Date

Daytime Phone #

11/03/2002 10:01