

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000118975

1. Entity Name

PROFLOOR USA, INC.



**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90107 048 \*\*\*550.00

0130553 AT

Principal Place of Business  
5851 HOLMBERG RD. #3012  
PARKLAND FL 33067

Mailing Address  
P.O BOX 970705  
COCONUT CREEK FL 33097



2. Principal Place of Business

1 Cardiff Way

3. Mailing Address

1 Cardiff Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Boynton Beach FL

City & State

Boynton Beach FL

4. FEI Number

80-0022333

Applied For

Not Applicable

Zip

33426

Country

Palm beach

Zip

33426

Country

Palm beach

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NAMEST, JURGITA

5851 HOLMBERG RD, #3012

PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name

James Namest

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

1 Cardiff Way

City

Boynton Beach

FL

Zip Code

33426

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

08/19/03

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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          | P  | NAMEST, JORGITA          | <input checked="" type="checkbox"/> Delete |
| NAME           |    | 5851 HOLMBERG ROAD #3012 |  |
| STREET ADDRESS |    | PARKLAND FL 33067        |  |
| CITY-ST-ZIP    |    |                          |  |
| TITLE          | VP | NAMEST, JAMES            | <input checked="" type="checkbox"/> Delete |
| NAME           |    | 5851 HOLMBERG ROAD #3012 |  |
| STREET ADDRESS |    | PARKLAND FL 33067        |  |
| CITY-ST-ZIP    |    |                          |  |
| TITLE          |    |                          | <input type="checkbox"/> Delete            |
| NAME           |    |                          |  |
| STREET ADDRESS |    |                          |  |
| CITY-ST-ZIP    |    |                          |  |
| TITLE          |    |                          | <input type="checkbox"/> Delete            |
| NAME           |    |                          |  |
| STREET ADDRESS |    |                          |  |
| CITY-ST-ZIP    |    |                          |  |
| TITLE          |    |                          | <input type="checkbox"/> Delete            |
| NAME           |    |                          |  |
| STREET ADDRESS |    |                          |  |
| CITY-ST-ZIP    |    |                          |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |    |                        |  |
|----------------|----|------------------------|--|
| TITLE          | P  | Namest Jurgita         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    | 1 Cardiff Way          |  |
| STREET ADDRESS |    | Boynton Beach FL 33426 |  |
| CITY-ST-ZIP    |    |                        |  |
| TITLE          | VP | Namest James           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |    | 1 Cardiff Way          |  |
| STREET ADDRESS |    | Boynton Beach FL 33426 |  |
| CITY-ST-ZIP    |    |                        |  |
| 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 |    |                        |  |
| 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 SIGNING OFFICER OR DIRECTOR

08/19/03

Date

954-818-9424

Daytime Phone #

CR2E034 (4/03)