

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90051 018 ***150.00

DOCUMENT # P01000119844

1. Entity Name
FIRST CHOICE CARPET INSTALLATION INC.



Principal Place of Business

~~6714 BOICE ST.~~ 4811 FT. APACHE CT
ORLANDO FL 32809 32822

Mailing Address

~~6714 BOICE ST.~~ 4811 FT APACHE CT
ORLANDO FL 32809 32822



2. Principal Place of Business

4811 FT. APACHE CT
Suite, Apt. #, etc.

3. Mailing Address

4811 FT APACHE CT
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

01-0566746

Applied For

Not Applicable

Zip

32822

Country

U.S.A

Zip

32822

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, LEO J

~~6714 BOICE ST.~~ 4811 FT APACHE CT
ORLANDO FL 32809 ORLANDO, FL 32822

7. Name and Address of New Registered Agent

~~LEO J. Wolfe~~

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

~~4811 FT. APACHE CT~~

~~City ORLANDO~~

~~FL~~

~~Zip Code 32822~~

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

LEO J. Wolfe

Leo J Wolfe

2-28-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	<input type="checkbox"/> Delete
NAME	WOLFE, LEO J	
STREET ADDRESS	6714 BOICE ST. 4811 FT APACHE CT	
CITY-ST-ZIP	ORLANDO FL 32809 32822	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

Leo J Wolfe LEO J. Wolfe Pres. 2-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)