

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-07-2003 90748 047 ***150.00

DOCUMENT # P02000000434

1. Entity Name
SCOTT'S FLOORING INSTALLATIONS, INC.



Principal Place of Business
5472 32ND AVENUE S.W.
NAPLES FL 34116

Mailing Address
5472 32ND AVENUE S.W.
NAPLES FL 34116

2. Principal Place of Business
5472 32 AVE SW.
Suite, Apt. #, etc.

3. Mailing Address
5472 32 AVE SW
Suite, Apt. #, etc.

City & State
NAPLES, FL.

City & State
NAPLES, FL.

4. FEI Number
03-0383564

Applied For
Not Applicable

Zip
34116

Country
COLLIER

Zip
34116

Country
COLLIER

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

Name
ELIZABETH HICKLE
Street Address (P.O. Box Number is Not Acceptable)
5472 32 AVE SW
City
NAPLES FL Zip Code
34116

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 Elizabeth Hickle ELIZABETH HICKLE 4-4-03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HICKLE, SCOTT
5472 32ND AVENUE S.W.
NAPLES FL 34116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
ELIZABETH HICKLE
5472 32 AVE SW
NAPLES, FL 34116 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

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: SCOTT HICKLE SCOTT HICKLE - President 4-4-03 259.304.1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)