FILED
Jun 16, 2003 8:00 am
Secretary of State
05-02-2003 90758 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000007081

1. Entity Name

FIRST FLORIDA FLOORING, INC.

55048752

[redacted]

Principal Place of Business	Mailing Address
1107 STATE STREET STE.C HOLLY HILL, FL 32117	1107 STATE STREET STE.C HOLLY HILL, FL 32117

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Line 1	Suite, Apt. #, etc.
City & State	City & State
P.O.	Country / Zip / Country

4. FEI Number
01-0579821

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

6. Name and Address of Current Registered Agent

ROBERT ROBBINS
1206 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name: RANDOLPH L. NEWMAN
Street Address (P.O. Box Number is Not Acceptable): 24 WISTERIA DRIVE
ORMOND BEACH, FL 32176
City: ORMOND BEACH FL Zip Code: 32176

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] RANDOLPH L. NEWMAN 4/29/03
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 $350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Type / Name / Street Address / City-St-Zip	PD RANDOLPH L. NEWMAN 24 WISTERIA DR. ORMOND BEACH, FL 32176 ☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Add
Type / Name / Street Address / City-St-Zip	STD DEBRA A. NEWMAN 24 WISTERIA DR. ORMOND BEACH, FL 32176 ☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Add
Type / Name / Street Address / City-St-Zip	☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Add
Type / Name / Street Address / City-St-Zip	☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Add
Type / Name / Street Address / City-St-Zip	☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Add
Type / Name / Street Address / City-St-Zip	☐ Delete	Title / Name / Street Address / City-St-Zip ☐ Change ☐ Add

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 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED Randolph L. Newman 4/29/03 386-238-1132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone