

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90319 034 ***150.00

DOCUMENT # P02000027258

1. Entity Name
PAUL HAM WOOD FLOORS, INC.



Principal Place of Business

~~P.O. BOX 11694~~
~~JACKSONVILLE, FL 32239~~

Mailing Address

~~P.O. BOX 11694~~
~~JACKSONVILLE, FL 32239~~

20037744

2. Principal Place of Business

5885 EDENFIELD RD

3. Mailing Address

5885 EDENFIELD RD



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

apt H 17

Suite, Apt. #, etc.

apt H 17

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32277

Country

USA

Zip

32277

Country

USA

4. FEI Number

46-0477519

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAM, PAUL A
7607 BEACH BLVD., #2006
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name **Shannon P. McMahon**
Street Address (P.O. Box Number is Not Acceptable)
5885 EDENFIELD RD
apt H 17
City **Jacksonville** FL Zip Code **32277**

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

Shannon P. McMahon VP
(NOTE: Registered Agent's signature required when reinstating)

4/28/03
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 **D** ☐ Delete
NAME **HAM, PAUL A**
STREET ADDRESS **P.O. BOX 11694**
CITY-ST-ZIP **JACKSONVILLE, FL 32239**

TITLE **D** ☐ Delete
NAME **MCMAHON, SHANNON P**
STREET ADDRESS **P.O. BOX 11694**
CITY-ST-ZIP **JACKSONVILLE, FL 32239**

TITLE **D** ☒ Delete
NAME **YESAITIS, EDWARD**
STREET ADDRESS **P.O. BOX 11694**
CITY-ST-ZIP **JACKSONVILLE, FL 32239**

TITLE **D** ☒ Delete
NAME **MOSELY, DARYHL**
STREET ADDRESS **P.O. BOX 11694**
CITY-ST-ZIP **JACKSONVILLE, FL 32239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME **Ham Paul A**
STREET ADDRESS **5885 Edenfield Rd, apt H-17**
CITY-ST-ZIP **Jacksonville, FL 32277**

TITLE **VP/D** ☒ Change ☐ Addition
NAME **McMahon Shannon P**
STREET ADDRESS **5885 Edenfield Rd, apt H-17**
CITY-ST-ZIP **Jacksonville, FL 32277**

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

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

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

TITLE ☐ Change ☐ 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] VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

904-568-7024
Daytime Phone #

CR2E034 (10/02)