

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91360 019 ***150.00

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1. Entity Name
ERNEST WILLETTE FLOOR COVERING CO.



Principal Place of Business
637 SW BELMONT CIRCLE
PORT ST LUCIE FL 34983

Mailing Address
637 SW BELMONT CIRCLE
PORT ST LUCIE FL 34983



2. Principal Place of Business
34953
637 SW Belmont Cir. Port St. Lucie
Suite, Apt. #, etc.

3. Mailing Address
637 SW Belmont Circle
Port St. Lucie, FL 34953
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Port St. Lucie, Florida
Zip
34953
Country
USA

City & State
Port St. Lucie, Florida
Zip
34953
Country
USA

4. FEI Number
03-0419660

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLETTE, EDWARD
328 SW TULIP BLVD
PORT ST LUCIE FL 34983

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Ernest Willette (President)

April 26, 2003

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
NAME WILLETTE, ERNEST
STREET ADDRESS 637 SW BELMONT CIRCLE
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE ST
NAME WILLETTE, EDWARD
STREET ADDRESS 637 SW BELMONT CIRCLE
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Ernest Willette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2003 772-971-8952

Date

Daytime Phone #

CR2E034 (10/02)