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May 21, 2003 8:00 am
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Secretary of State
04-29-2003 90069 017 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000032494

1. Entity Name
APEX FLOOR COVERING, INC.

[redacted]

55042547

Principal Place of Business	Mailing Address
142 TOLLGATE TRAIL LONGWOOD, FL 32750	142 TOLLGATE TRAIL LONGWOOD, FL 32750

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
142 TOLLGATE		SAME	
Suite, Apt. #, etc. TRAIL		Suite, Apt. #, etc.	
City & State LONGWOOD		City & State	
Zip 32750	Country	Zip	Country SEMINOLE

4. FEI Number 45-0472371 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOUND, GARY 142 TOLLGATE TRAIL LONGWOOD, FL 32750	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 ______________________________ DATE

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	PD MOUND, GARY 142 TOLLGATE TRAIL LONGWOOD, FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Gary Mound 4-25-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #