

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90292 016 ***150.00

DOCUMENT # *P02000035686*

1. Entity Name

Jonathan's Floors & More, Inc.



DO NOT WRITE IN THIS SPACE

94077257

2. Principal Place of Business

706 E. Pine St. #5

Suite, Apt. #, etc.

#5

City & State
Orlando, FL

Zip

32801

Country

USA

3. Mailing Address

706 E. Pine St.

Suite, Apt. #, etc.

#5

City & State
Orlando, FL

Zip

32801

Country

USA

4. FEI Number

04-3629829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jonathan C. Vize

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

706 E. Pine St. #5

Orlando

City

FL

Zip Code
32801

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.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/3/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President (A-11-)
Jonathan C. Vize
706 E. Pine St. #5
Orlando, FL, 32801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4/3/04
Date

(407) 948-0668
Daytime Phone #

CR2E034B (12/02)