FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90120 037 ***150.00

DOCUMENT # P02000035686

1. Entity Name
Jonathan's Floors & More, Inc.

DO NOT WRITE IN THIS SPACE

10096864

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2. Principal Place of Business		3. Mailing Address	
10108 Culpepper Ct.		10108 Culpepper Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando FL		City & State: Orlando FL	
Zip: 32836	Country: USA	Zip: 32836	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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7. Name and Address of Current Registered Agent
Name: Jonathan C Vize
Street Address (P.O. Box Number is Not Acceptable): 10108 Culpepper Ct
City: Orlando FL Zip Code: 32836

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	President	TITLE	
NAME	Jonathan C Vize	NAME	
STREET ADDRESS	10108 Culpepper Ct	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL, 32836	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] VP Jonathan Vize — 5/1/03 — (407) 948-0668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #