

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90181 020 ***150.00

DOCUMENT # P02000037050

1. Entity Name
DAIGLE WOOD FLOORING, INC.



Principal Place of Business
2001 NW 15 AVE STE 201
POMPANO BEACH FL 33069

Mailing Address
2001 NW 15 AVE STE 201
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

755 GREENWARD Lane
Suite, Apt. #, etc.

755 GREENWARD Lane
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Del Ray Beach

City & State
Del Ray Beach

4. FEI Number
01-0659499

Applied For
☐ Not Applicable

Zip 33445 **Country** PAM

Zip 33445 **Country** PAM

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

DAIGLE, DENNIS
2001 NW 15 AVE STE 201
POMPANO BEACH FL 33069

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

755 GREENWARD Lane
City Del Ray Beach **FL** **Zip Code** 33445

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**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME DAIGLE, DENNIS	
STREET ADDRESS 2001 NW 15 AVE STE 201	
CITY-ST-ZIP POMPANO BEACH FL 33069	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Dennis Daigle	
STREET ADDRESS 755 GREENWARD Lane	
CITY-ST-ZIP Del Ray Beach FL 33445	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-03

954 608-9777

Date **Daytime Phone #**

CR2E034 (10/02)