FILED
May 08, 2003 8:00 am
Secretary of State

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04-09-2003 90137 001 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000064728

1. Entity Name
RON'S FLOOR COVERING, INC.

Principal Place of Business	Mailing Address
505 MOUNTAIN DR., UNIT H DESTIN FL 32541	505 MOUNTAIN DR., UNIT H DESTIN FL 32541

2. Principal Place of Business	3. Mailing Address
505 MT DR.	Ron Flooring Inc
Suite, Apt. #, etc. Suite H	Suite, Apt. #, etc. PO Box 1394
City & State Destin FL	City & State Destin FL
Zip 32541 Country USA	Zip 32540 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 51-0432460 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SKINNER, RONNIE J
604 SEAVIEW CIRCLE
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name: Ronnie Skinner
Street Address (P.O. Box Number is Not Acceptable) 604 SeaView Circle
City Destin FL Zip Code 32541

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 Ronnie J Skinner 4-17-03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ronnie Skinner President 604 Seaview Circle Destin FL 32541 ☐ 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.

850 6508086

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ron Skinner 4-16-03