

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

000601 AV

DOCUMENT # P02000076648

1. Entity Name

BATES CONTRACT FLOOR COVERING, INC.



FILED

03 OCT 17 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDAREINSTATEMENT 03
☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
9737 JUPITER COURT S.
JACKSONVILLE FL 32246

Mailing Address
9737 JUPITER COURT S.
JACKSONVILLE FL 32246

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 73-1650149 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

BATES, JASON A
9737 JUPITER COURT S.
JACKSONVILLE FL 32246

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 *[Signature]* DATE 10/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	P BATES, JASON A 9737 JUPITER COURT S. JACKSONVILLE FL 32246	<input type="checkbox"/> Delete
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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR10/1/03 904 4225276
Date Daytime Phone #

CR2E034 (4/03)