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Secretary of State
05-02-2003 90738 028 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55048933

DOCUMENT # P02000078888

1. Entity Name
DISTINCTIVE FLOORS, INC.

Principal Place of Business	Mailing Address
551 S APOLLO BLVD STE 103 MELBOURNE, FL 32901	551 S APOLLO BLVD STE 103 MELBOURNE, FL 32901

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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 760703374 ☐ 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
LAGANO, ALBERT S 551 S APOLLO BLVD STE 103 MELBOURNE, FL 32901	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 _____ DATE 4-1-03
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when submitting.)

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	DP LAZZARO, GEORGE V 2207 ATLANTIC ST UNIT 816 MELBOURNE BEACH, FL 32951	☒ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LAWRENCE, MATTHEW D 2207 ATLANTIC ST UNIT 816 MELBOURNE BEACH, FL 32951	☐ Delete	☒ Change ☐ Addition	President, V.P., Sec. & Treasury
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST LAWRENCE, LORETTA A 2207 ATLANTIC ST UNIT 816 MELBOURNE BEACH, FL 32951	☒ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

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.

SIGNATURE: Loretta Lawrence Loretta Lawrence 4-1-03 321-751-4636
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date) (Daytime Phone #)