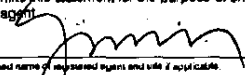


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90198 022 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000098410			
1. Entity Name R.M.S. FLOORING, INC.			
Principal Place of Business 33225 WINDY OAK ST. SORRENTO, FL 32776		Mailing Address 33225 WINDY OAK ST. SORRENTO, FL 32776	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 22-3870594		Applied For Not Applicable	
5. Certificate of Status Desired		5. \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, ROSS W SR 33225 WINDY OAK ST. SORRENTO, FL 32776		7. Name and Address of New Registered Agent Name: Kyle Kelley CPA Street Address (P.O. Box Number Is Not Acceptable): 119 West Orange Street City: Altamonte Springs FL Zip Code: 32714	
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: 3-24-03	
FILE NOW! FEB 15, 2003 After May 1, 2003 Fee will be \$850.00 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: PSTD NAME: MORRIS, ROSS W SR. STREET ADDRESS: 33225 WINDY OAK ST. CITY-ST-ZIP: SORRENTO, FL 32776		TITLE: PSTD NAME: Laura Ann Morris STREET ADDRESS: 33225 Windy Oak Street CITY-ST-ZIP: Sorrento FL 32776	
TITLE: ☐ Delete		TITLE: ☒ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
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: 		3/24/03 352-385-0017	

10062878



☐ CHECK HERE IF MAKING CHANGES

CH2034 (10/02)