2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jun 06, 2003 8:00 am
Secretary of State
05-02-2003 90144 038 ***150.00

DOCUMENT # P02000106627

1. Entity Name
DLS FLOOR COVERING, INC.

550046636

Principal Place of Business	Mailing Address
4205 SE 2ND AVENUE CAPE CORAL FL 33904	4205 SE 2ND AVENUE CAPE CORAL FL 33904

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5232 SW 9th Place	5232 SW 9th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape coral FL	City & State: Cape coral FL
Zip: 33914 Country: Lee	Zip: 33914 Country: Lee

4. FEI Number 04-3717202 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANTAELLA, LEOMARYS J
4205 SE 2ND AVENUE
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name: Santaella, Leomarys J
Street Address (P.O. Box Number is Not Acceptable): 5232 SW 9th Place
City: Cape coral FL Zip Code: 33914

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: 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	☐ Delete	TITLE	P	☑ Change ☐ Addition
NAME	SANTAELLA, LEOMARYS J		NAME	SANTAELLA, Leomarys J	
STREET ADDRESS	4205 SE 2ND AVENUE		STREET ADDRESS	5232 SW 9th PL	
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP	Cape coral FL 33914	
TITLE	VP	☐ Delete	TITLE	VP	☑ Change ☐ Addition
NAME	SALAS, DENIS J		NAME	Salas, Denis J	
STREET ADDRESS	4205 SE 2ND AVENUE		STREET ADDRESS	5232 SW 9th PL	
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP	Cape coral FL 33914	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: SIGNATURE REQUIRED [signature] 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #