

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P02000106978  
1. Entity Name  
Elkin Wood-Floor, Inc.

03 DEC 26 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
11280 NW 34th Ct  
Suite, Apt. #, etc.  
City & State  
Coral Springs, FL  
Zip  
33068  
Country  
U.S.

3. Mailing Address  
11280 NW 34th Ct  
Suite, Apt. #, etc.  
City & State  
Coral Springs, FL  
Zip  
33068  
Country  
U.S.

REINSTATEMENT 03  
DO NOT WRITE IN THIS SPACE

4. FEI Number  
04-3716585  
Applied For  
Not Applicable

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

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent  
Name  
Joseph L. Nohel, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
3284 N. State Rd 7  
City  
Lauderdale  
FL  
Zip Code  
33319

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Elkin O. Davis 11280 NW 34th Ct Coral Springs, FL 33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ (954) 588-5647  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034B (12/01)

# **ELKIN WOOD FLOOR, INC.**

11280 N W 34TH COURT  
CORAL SPRINGS, FL 33068  
(954) 588-5667

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12/23/2003

Attn.:  
Reinstatement Department  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re:  
P02000106978

Dear Reinstatement Officer;

Please be advised that we did not received the corporation's 2003 Uniform Business Report. Attached you will find a filled out UBR 2003, along with check No. 1261 for the amount of \$ 150.00 dollars due for renewal.

Therefore, we would like to request that you please waive all penalties, and update your files as soon as possible.

Cordially,

  
Elkin Parra

President