

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02-12-2004 90047 001 ***158.75
02-12-2004 90047 002 ***150.00
P02000115328

04 FEB 18 AM 9:59

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000115328*

1. Entity Name

Dimensions Flooring, Inc.

ADM
DIS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1719 Fonscia Way

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Jacksonville FL 32221

City & State

Jacksonville FL

Zip

32221

Country

U.S.

Zip

32221

Country

U.S.

4. FEI Number

300123186

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Efrain Leon

Street Address (P.O. Box Number is Not Acceptable)

1719 Fonscia Way

City

Jacksonville

FL

Zip Code

32221

**DO NOT WRITE
IN THIS SPACE**

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

Efrain Leon
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/06/2004

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<i>Director</i>
NAME	<i>Efrain Leon</i>
STREET ADDRESS	<i>1719 Fonscia Way</i>
CITY-ST-ZIP	<i>Jacksonville, FL 32221</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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IN THIS SPACE**

02/18

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Efrain Leon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/2004

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

PO2 000115328

66401781



DIMENSIONS FLOORING, INC.

1719 FONSCIA WAY

JACKSONVILLE, FL 32221

TELE: 904-887-6404

FAX: 904-786-6035

Friday, February 6, 2004

To Whom It May Concern:

I recently called to obtain information on the application for Workers' Comp re-issuance and was then informed that my company was dissolved because I had failed to submit last year's annual report. That was the first time I had heard of the annual report. I never received any type of notice or even the application to submit for that matter.

Howeve, the agent I spoke with advised I request a form to submit for this year, and attach a letter explaining that I never received notice of the annual report for last year and to enclose \$300.00 to cover the fees for both 2003 and 2004.

Enclosed with this letter are a completed annual report and two checks for each year, one in the amount of \$150.00 and the second in the amount of \$158.75. I hope that this will suffice in order to reinstate my business and be up to date. I apologize for any inconveniences. Your help and support in this matter is truly appreciated.

I thank you in advance for your cooperation. If you have any further inquiries, please feel free to contact me at 904-887-6404.

Respectfully,

Efrain Leon