

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90114 047 ***550.00

DOCUMENT # P02000132985

1. Entity Name

PD HARDWOOD FLOORING, INC.



Principal Place of Business

**2851 ROCK ISLAND APT 305
MARGATE FL 33063**

Mailing Address

**2851 ROCK ISLAND APT 305
MARGATE FL 33063**

2. Principal Place of Business

6662 W. SAMPLE ROAD

Suite, Apt. #, etc.

3. Mailing Address

6662 W. SAMPLE ROAD

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33067

Country

BROWARD

City & State

CORAL SPRINGS FL

Zip

33067

Country

BROWARD

4. FEI Number

27-0039146

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURTIS, DION

**2851 ROCK ISLAND APT 305
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name

PERRY Dion Curtis

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

6662 W. SAMPLE ROAD

City

CORAL SPRINGS

FL

Zip Code

33067

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-1-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE **D** ☐ Delete
NAME **CURTIS, PERRY**
STREET ADDRESS **2851 ROCK ISLAND APT 305**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **PERRY Dion Curtis**
STREET ADDRESS **6662 WEST SAMPLE ROAD**
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-03 561-248-7182

CR2E034 (4/03)