

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P03000071084

1. Entity Name

OTONIEL HONORATO FLOOR COVERING, INC.

Principal Place of Business

Mailing Address

**3155 ROYALSTON AVE., STE. 205
FT. MYERS FL 33916**

**3155 ROYALSTON AVE., STE. 205
FT. MYERS FL 33916**

2. Principal Place of Business

4729 PALM BEACH BLVD

3. Mailing Address

4729 PALM BEACH BLVD

Suite / Apt. #, etc.

LOTE 6

Suite, Apt. #, etc.

LOTE 6

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33905

Country

Zip

33905

Country

4. FEI Number

20-0059372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

44045273

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION

11601 S CLEVELAND AVE SUITE6

FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(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)

**FILE NOW! FEE IS \$150.00
After MAY 1, 2004 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	HONORATO, OTONIEL	
STREET ADDRESS	3155 ROYALSTON AVE., STE. 205	
CITY-ST-ZIP	FORT MYERS, FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE JESUS, KELLA	
STREET ADDRESS	3155 ROYALSTON AVE., STE. 205	
CITY-ST-ZIP	FORT MYERS, FL 33916	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONORATO, OTONIEL	
STREET ADDRESS	4729 PALM BEACH BLVD LOTE 6	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE JESUS, KEILA	
STREET ADDRESS	4729 PALM BEACH BLVD LOTE 6	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/04

(239)340-5998

Date

Daytime Phone #