

## 2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P03000071084

1. Entity Name

OTONIEL HONORATO FLOOR COVERING, INC.

Principal Place of Business

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

Mailing Address

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 &amp; State

FORT MYERS, FL

City &amp; State

FORT MYERS, FL

Zip

33905

Zip

33905

Country

4. FEI Number

20-0059372

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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 State10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HONORATO, OTONIEL 3155 ROYALSTON AVE., STE. 205 FORT MYERS, FL 33916	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HONORATO, OTONIEL 4729 PALM BEACH BLVD LOTE 6 FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE JESUS, KELLA 3155 ROYALSTON AVE., STE. 205 FORT MYERS, FL 33916	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE JESUS, KELLA 4729 PALM BEACH BLVD LOTE 6 FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/04 (239)340-5998

Date

Daytime Phone #