


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

06 SEP 12 PM 5:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| DOCUMENT # <b>PO3000932700</b>                        |  |
| 1. Entity Name <b>Nolan's Custom Wood Floors INC.</b> |   |

**DO NOT WRITE IN THIS SPACE**

|  |                       |   |                       |
|--|-----------------------|---|-----------------------|
| 2. Principal Place of Business<br><b>Wakulla</b> |                       | 3. Mailing Address<br><b>2959 Shadeville RD</b> |                       |
| Suite, Apt. #, etc.<br><b>2959 Shadeville RD</b> |                       | Suite, Apt. #, etc.                             |                       |
| City & State<br><b>Crawfordville FL</b>          |                       | City & State<br><b>Crawfordville FL</b>         |                       |
| Zip<br><b>32322</b>                              | Country<br><b>USA</b> | Zip<br><b>32327</b>                             | Country<br><b>USA</b> |

DO NOT WRITE IN THIS SPACE

|   |   |  |  |
|---|---|--|--|
| <b>DO NOT WRITE IN THIS SPACE</b>   | 4. FEI Number<br><b>20-0388284</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |
|   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |  |
|   | 7. Name and Address of Current Registered Agent   |  |  |
|   | Name<br><b>Nolan Lorick</b>   |  |  |
| Street Address (P.O. Box Number is not acceptable)<br><b>2959 Shadeville RD</b> |   |  |  |
| City<br><b>Crawfordville</b>  |   |  | FL Zip Code<br><b>32327</b>                            |

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 **Nolan W. Lorick** President **8-21-06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|  |  |
|--|--|
| <b>January 1 - May 1 Fee is \$150.00</b><br><b>After May 1, Fee is \$550.00</b><br><b>Amended UBR is \$61.25</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|--|

| 10. OFFICERS AND DIRECTORS                     |   |  |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President</b><br><b>Nolan Lorick</b><br><b>2959 Shadeville RD</b><br><b>Crawfordville FL 32327</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>900079822359</b><br><b>09/14/06--01034--012 **150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Vice President</b><br><b>Jimmy Trusty</b><br><b>252 Magnolia DR</b><br><b>Monticello FL 32344</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

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: **Nolan W. Lorick** **Nolan W. Lorick** **8-21-06 (850) 321-4543**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

paycw

Nolan's Custom Wood Floors, Inc.  
2959 Shadeville Rd.  
Crawfordville, FL. 32327

I Never got Notice untill now.

and I call This Office and The nice Lady  
said to write a note say That and send

150.00 and if There is a problem They  
will get Back too me. Thanks

Nolan's  
321-4993