

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90534 003 ***150.00

DOCUMENT # P03000143480

1. Entity Name

PULLEY'S FLOORING SERVICES, INC.

Principal Place of Business

Mailing Address

**7006 ATLANTIC BLVD.
 JACKSONVILLE FL
 32211-8706 DUVAL**

2. Principal Place of Business

7006 ATLANTIC BLVD.

3. Mailing Address

7006 ATLANTIC BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

51-0489508

Applied For

Not Applicable

Zip

322118706

Country

DUVAL

Zip

322118706

Country

DUVAL

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

**JASON PULLEY
 7006 ATLANTIC BLVD.
 JACKSONVILLE FL 32211-8706**

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 WITH FEES IS \$150.00

After MAY 1, 2004, Fee will be \$350.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **JASON PULLEY**
 STREET ADDRESS **P.O. Box 10043**
 CITY-ST-ZIP **Jacksonville FL. 32207**

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

TITLE **V P** ☐ Delete
 NAME **DONALD I GORHAM III**
 STREET ADDRESS **P.O. Box 10043**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **S/T** ☐ Delete
 NAME **RICHARD RAMSEY**
 STREET ADDRESS **2753 MAYPORT RD #157**
 CITY-ST-ZIP **Jacksonville FL. 32233**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jason Pulley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/04 904-725-2906

CR2E034 (11/00)