

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

DOCUMENT # *P03D00154287*

1. Entity Name

S & B FLOORING INC



**FILED
May 03, 2006 8:00 am
Secretary of State**

05-03-2006 90253 002 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <i>1846 OAK PARK DR S</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>CLEARWATER FL</i>	
Zip	Country	Zip <i>33764</i>	Country <i>PINELLAS</i>
4. FEI Number <i>76 0748195</i>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable			
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City FL Zip Code			

DO NOT WRITE IN THIS SPACE

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

January 1, May 1, Fee: \$875.00
After May 1, Fee: \$1,000.00

Amended UBR fee \$875.00

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT S. CARLETON 1846 OAK PARK DR S CLEARWATER FL 33764</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *W. W.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* 5-1-06

Date

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