

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

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90183 035 ***150.00

DOCUMENT # P04 000 47705	
1. Entity Name JAMES R MALYUK Flooring Inc.	

DO NOT WRITE IN THIS SPACE

40066290

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 72 Longmeadow Lane	3. Mailing Address 72 Longmeadow Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Rotonda West FL	City & State Rotonda West FL
Zip 33947	Zip 33947
Country Charlotte	Country Charlotte

4. FEI Number 20-0869429	Applied For ☐
5. Certificate of Status Desired ☐	No: Applicable \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name JAMES R MALYUK	
Street Address (P.O. Box Number is Not Acceptable) 72 Longmeadow Lane	
City Rotonda West	State FL
	Zip Code 33947

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 signatures required when changing agent.) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust: Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P JAMES R MALYUK 72 Longmeadow Lane Rotonda West FL 33947	TITLE NAME STREET ADDRESS CITY-STATE-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: **James R Malyuk** **JAMES R MALYUK** **4/18/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)