

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**  
03-20-2001 90013 013 \*\*\*150.00

**DOCUMENT # P15943**

1. Entity Name  
**SUNFLOORING, INC.**

Principal Place of Business

530 OAK COURT DR  
STE 260  
MEMPHIS TN 38117-3724  
US

Mailing Address

530 OAK COURT DR  
STE 260  
MEMPHIS TN 38117-3724  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2841810**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2001 Fee will be \$550.00**  
**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	V	<input type="checkbox"/> Delete
NAME	EPPELSON, CHARLIE L. JR.	
STREET ADDRESS	35 UNION AVE., SUITE 300	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ORGILL, JOSEPH III	
STREET ADDRESS	35 UNION AVE., SUITE 300	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONNELL, MICHAEL	
STREET ADDRESS	35 UNION AVE., SUITE 300	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RICHARDS, DANIEL R	
STREET ADDRESS	35 UNION AVE., SUITE 300	
CITY-ST-ZIP	MEMPHIS TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	530 OAK COURT DR, SUITE 260	
CITY-ST-ZIP	MEMPHIS, TN 38117-3724	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	530 OAK COURT DR, SUITE 260	
CITY-ST-ZIP	MEMPHIS, TN 38117-3724	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	530 OAK COURT DR, SUITE 260	
CITY-ST-ZIP	MEMPHIS, TN 38117-3724	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	530 OAK COURT DR, SUITE 260	
CITY-ST-ZIP	MEMPHIS, TN 38117-3724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Daniel R Richards, SECRETARY TREASURER 3-15-01 904529-5700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)