

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038854

1. Entity Name  
HUNTER FLOORING, INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90093 018 \*\*\*158.75

Principal Place of Business

2071 S.W. 70TH AVE. G-5  
DAVIE FL 33323

Mailing Address

2071 S.W. 70TH AVE. G-5  
DAVIE FL 33324-2664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 S. Pine Island Rd

3. Mailing Address

100 S. Pine Island Rd

Suite, Apt. #, etc.

142

Suite, Apt. #, etc.

142

City & State

Plantation Florida

City & State

Plantation FL

Zip

33324

Country

Broward

Zip

33324

Country

Broward

4. FEI Number

65-0424463

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

POLTRONIERI, GARY A  
1335 N.W. 129TH  
SUNRISE FL 33323

Name

Street Address (P.O. Box Number is Not Acceptable)

100 S. Pine Island Rd Ste 142

City

Plantation

FL

Zip Code

33324

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	POLTRONIERI, GARY	
STREET ADDRESS	1335 N.W. 129TH TERR.	
CITY-ST-ZIP	SUNRISE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Poltronieri, Gary	
STREET ADDRESS	100 S. Pine Island Rd Ste 142	
CITY-ST-ZIP	Plantation FL 33324	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000

Date

9542366769

Daytime Phone #

CR2E034 (9/99)