

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060959

1. Entity Name  
FLOORLANDO CARPETS, INC.



Principal Place of Business  
2362 PEMBERTON DR  
S-103  
APOPKA FL 32704

Mailing Address  
POST OFFICE BOX 1058  
APOPKA FL 32704-1058

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 59-2776823

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

MCCOY, CLYDE  
31039 DEAL DR  
MT. PLYMOUTH FL 32776

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME MCCOY, CLYDE JR  
STREET ADDRESS 31039 DEAL DR  
CITY-ST-ZIP MT PLYMOUTH FL 32776 ☐ Delete

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

TITLE S  
NAME WILSON, DENNIS A  
STREET ADDRESS 1375 ELIZABETH CR  
CITY-ST-ZIP EUSTIS FL 32726 ☒ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Clyde McCoy Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-00 352-874-8646  
Date Daytime Phone #

FILED  
Aug 08, 2000 8:00 am  
Secretary of State

08-08-2000 90004 048 \*\*\*150.00

00104374



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Attachment #P93000060959  
B0104374

Note

I was sent the wrong  
Form. I was sent  
FloorLado Inc my old  
NAME + number. I was  
told to make note  
where I sent this form  
In.

Clyde McCoy  
FloorLado CARPETS INC.