

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91205 046 ***150.00

DOCUMENT # P93000062891

1. Entity Name
TAGGART FLOORING, INC.

Principal Place of Business
3335 N W 74TH AVENUE
MIAMI FL 33122
US

Mailing Address
~~9046 N W 49TH TERRACE~~
~~MIAMI FL 33178~~
~~US~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
INVERNESS FL

4. FEI Number **65-0436182**

Applied For
 Not Applicable

Zip

Country

Zip

Country

34450-1452 **US**

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

LUNDELIUS, SR WALTER D
~~9046 N W 49TH TERRACE~~
~~MIAMI FL 33178~~

5 NORTH BEST POINT
INVERNESS, FL 34450

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, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **TAGGART, THOMAS**
 CITY-ST-ZIP **3335 NW 74TH AVENUE**
MIAMI FL 33122

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

TITLE ☐ Delete
 NAME **DST**
 STREET ADDRESS **LUNDELIUS SR., WALTER**
 CITY-ST-ZIP **9046 NW 49 TERR.**
MIAMI FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5 NORTH BEST POINT**
 CITY-ST-ZIP **INVERNESS FL 34450-1452**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4/23/02 (352) 860 2644

CR2E034 (9/01)