

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P94000002469

1. Entity Name  
**CONTRACTORS FLOORING, INC.**



FILED

03 AUG -1 AM 11:38

**\*\*AMENDED\*\***  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
8569 S. FEDERAL HWY  
PORT ST. LUCIE FL 34952

Mailing Address  
8569 S. FEDERAL HWY  
PORT ST. LUCIE FL 34952

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0555838** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MELTZER, JAY A**  
**2014 SE ELMHURST ROAD**  
**PORT ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MELTZER, JAY</b> <b>2014 SE ELMHURST ROAD</b> <b>PORT ST. LUCIE FL 34952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST</b> <b>DULAP, ROBERT</b> <b>970 S.W. WHITTIE TER</b> <b>PORT ST. LUCIE FL 34983</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Arif Parupia</b> <b>7705 Wexford Way</b> <b>Port St. Lucie, FL 34986</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700022081177</b> <b>08/06/03--01002--013 **\$1.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additi

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 Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jay Meltzer President 4-24-03 772-335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # **7847**