

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2000 8:00 am
Secretary of State**

02-07-2000 90042 033 ***150.00

DOCUMENT # P94000010450

1. Entity Name

COMPLETE FLOOR COVERING, INC.

Principal Place of Business

Mailing Address

8022 OFFICE COURT
STE B SOUTH
ORLANDO FL 32809
USP.O. BOX 948214
MAITLAND FL 32794-8214
US**C0017668**

2. Principal Place of Business

3. Mailing Address

8022 OFFICE COURT

Suite, Apt. #, etc.

STE C SOUTH

City & State

ORLANDO, FL 32809

Zip

32809

Country

Suite, Apt. #, etc.

City & State

Zip

Country

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 AN ATTACHMENT WITH AN ADDRESS, WITH ALL OTHERS LIKE EMPOWERED.

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3221603**

Applied

Not

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

CORCORAN, TERRANCE A
8022 OFFICE CT, STE B SOUTH
SUITE B
ORLANDO FL 32809

Name

TERRANCE A CORCORAN

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

8022 OFFICE COURT

STE C SOUTH

City

ORLANDO

FL

Zip Code

32809

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.

TERRANCE A CORCORAN, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** ..
Added to ..

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CORCORAN, TERRANCE A
8022 OFFICE CT, STE B SOUTH
ORLANDO FL 32809 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CORCORAN, PAMELA L
8022 OFFICE COURT, STE. B SOUTH
ORLANDO FL 32809 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
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☒ Change ☐
8022 OFFICE CT. STE C SOUTH
ORLANDO, FL 32809TITLE
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☒ Change ☐
8022 OFFICE COURT, STE C SOUTH
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CITY-ST-ZIP
☐ Change ☐

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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00

Date

407-645

Daytime Phone #