

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90658 008 ***150.00

DOCUMENT # P94000028165

1. Entity Name

PRO FLOORING INC.

Principal Place of Business

**8601 NW 24 COURT
SUNRISE FL 33322
US**

Mailing Address

**8601 NW 24 COURT
SUNRISE FL 33322
US**

2. Principal Place of Business

PRO FLOORING INC.

3. Mailing Address

PRO FLOORING

Suite, Apt. #, etc.

2401 NW 84th WAY

Suite, Apt. #, etc.

2401 NW 84th WAY

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33322

Country

US

Zip

33322

Country

US

4. FEI Number

65-0481278

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BANKS, RICHARD
8601 NW 24 COURT
SUNRISE FL 33322**

7. Name and Address of ~~the~~ Registered Agent

Name **RICHARD BANKS**

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

2401 NW 84th WAY

City

SUNRISE

FL

Zip Code

33322

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, 2001 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

TITLE	PVT	<input type="checkbox"/> Delete
NAME	BANKS, RICHARD	
STREET ADDRESS	8601 NW 24 COURT	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANKS, RICHARD	
STREET ADDRESS	8601 NW 24 COURT	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLS, SHANE M	
STREET ADDRESS	8601 NW 24 COURT	
CITY-ST-ZIP	SUNRISE FL 33322	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS RICHARD	
STREET ADDRESS	2401 NW 84th WAY	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS RICHARD	
STREET ADDRESS	2401 NW 84th WAY	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS SHANE M.	
STREET ADDRESS	2401 NW 84th WAY	
CITY-ST-ZIP	SUNRISE FL 33322	
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: **RICHARD BANKS** *Richard Banks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

Daytime Phone #

954-749-7439

CR2E034 (10/00)