

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070006

1. Entity Name

RANDY R. FISCHER FLOORCOVERING, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90216 025 ***150.00

Principal Place of Business

1133 HEMPLE AVE
GOTHA FL 34734
US

Mailing Address

P.O. BOX 193
GOTHA FL 34734
US

2. Principal Place of Business

1133 Hemple Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 193
Suite, Apt. #, etc.

City & State

Gotha FL 34734

City & State

Gotha FLA.

4. FEI Number

59-3283912

Applied For

☒ Not Applicable

Zip

34734

Country

US

Zip

34734

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISCHER, RANDY R
1133 HEMPLE AVE
GOTHA FL 34734

7. Name and Address of New Registered Agent

Name Randy R. Fischer
Street Address (P.O. Box Number is Not Acceptable)

1133 Hemple Ave

City Gotha

FL

Zip 34734

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 PD
NAME FISCHER, RANDY R
STREET ADDRESS 1133 HEMPLE AVE
CITY-ST-ZIP GOTHA FL 34734 ☐ Delete

TITLE Pres
NAME Randy R. Fischer
STREET ADDRESS 1133 Hemple Ave.
CITY-ST-ZIP Gotha FLA. 34734 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)