2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000090716 DOCUMENT

1. Entity Name

FLOORS TO DOORS INC



FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90115 021 ***150.00

LOOMS	10 D00N0, 1110.		$\sqrt{}$								
Principal Plac 1116 NO. FLAC HOMESTEAD F	GLER ST.	Mailing Address 12930 SW 190TH ST. MIAMI FL 33177									
2. Principal Place of Business Mowry DR 3. Mailing Address							i 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 			
Suite, Apt.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State	stend Florida	City & State			4. 1	65-1541/24			oplied For ot Applicable]	
3303	SO Country	Zip	ip Country		5. (8.75 Additional ee Required		
	6. Name and Address of Current F	Registered Agent				7. Name and Address of New Registered Agent					
	· ·			Name .		1					
BEEM, DAVID 12930 SW 190TH ST.				Street Add	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI: FL	33177]	
•				City			FL	Zip Cod	ie		
	named entity submits this statement for ions of registered agent.	the purpose of changing	its registere	ed office or re	gistered ag	ent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept	1	
0.0											
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (N	OTE: Registere	d Agent signature r	required when re	einstating)	DATE			1	
F	ILE NOW!!! FEE IS \$150.00								_	1	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Section Campaign Fin Trust Fund Contribution			May Be to Fees		
10.	OFFICERS AND DIRECTORS				AD	DITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S-IN 11	1	
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	BEEM, DAVID		NAM	E						10	
	12930 SW 190TH ST.			ET ADDRESS						1 5	
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NAME	FERGUSON, GARY		NAM	1		•					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		•				}	
	HOMESTEAD FL 33030	-F1 p.u						Change	Addition	1	
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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 prostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a caddress, with all other like empowered.

SIGNATURE:

GHATURE RECLAYING