

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010949

1. Entity Name

KEYSTONE FLOORING, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90114 002 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3350 HESKETT LANE~~  
KEYSTONE HEIGHTS FL 32656

~~5056 HESKETT LANE~~  
KEYSTONE HEIGHTS FL 32656-7059

2. Principal Place of Business

3. Mailing Address

260S. LAWRENCE BLVD  
Suite, Apt. #, etc.

SAME  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3295006

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAMPLESI, JACK G.  
5056 HESKETT LANE  
260 LAWRENCE BLVD  
KEYSTONE HEIGHTS FL 32656

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME CAMPLESI, JACK G  
STREET ADDRESS 5056 HESKETT LANE  
CITY-ST-ZIP KEYSTONE HEIGHTS FL ☐ Delete

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

TITLE V  
NAME PHEIL, WALTER III  
STREET ADDRESS 465 LIVEOAK LANE  
CITY-ST-ZIP KEYSTONE HGTS. FL 32656 ☒ Delete

TITLE V  
NAME FRANK J. CASSALA  
STREET ADDRESS P O BOX 114  
CITY-ST-ZIP LAKE GENEVA, FL 32160 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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]*

JACK G. CAMPLESI PRES.

Date

Daytime Phone #

4-28-00 352473-7888

CR2E034 (9/99)