

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017496

1. Entity Name

SOUTHERN WALL & FLOOR DESIGN, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90006 008 ***150.00

Principal Place of Business

107 SEABREEZE CIR.
JUPITER FL 33477

Mailing Address

107 SEABREEZE CIR.
JUPITER FL 33477-6414

C0044293



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 SW TIMBER TR.

Suite, Apt. #, etc.

3. Mailing Address

501 SW TIMBER TRAIL

Suite, Apt. #, etc.

City & State

STUART FL. 34997

City & State

STUART FL.

4. FEI Number

65-0561357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, SEAN
107 SEABREEZE CIR.
JUPITER FL 33477

ROSS, SEAN
501 SW TIMBER TRAIL
STUART FL 34997

7. Name and Address of New Registered Agent

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

Sean P. Ross PRES. 20 MARCH 2000

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ROSS, SEAN
CITY-ST-ZIP 107 SEABREEZE CIR.
JUPITER FL 33477

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS ROSS, SEAN
CITY-ST-ZIP 501 SW TIMBER TRAIL
STUART FL. 34997

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

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

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

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

TITLE ☐ Change ☐ 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:

Sean P. Ross SEAN P. ROSS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 MAR 2000

Date

781 9864

Daytime Phone #

CR20034 (9/99)