

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028789

1. Entity Name

CENTRAL FLORIDA INSPECTION & FLOOR COVERING TECH

Principal Place of Business

340 W CENTRAL AVE SUITE 200
WINTER HAVEN FL 33880

Mailing Address

340 W CENTRAL AVE SUITE 200
WINTER HAVEN FL 33880

2. Principal Place of Business

132 AVENUE E SW

Suite, Apt. #, etc.

3. Mailing Address

132 AVENUE E SW

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FLA

City & State

WINTER HAVEN, FLA

Zip

33880

Country

USA

Zip

33880

Country

USA

4. FEI Number

65-0574951

Applied For

Not Applicable

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

BRICKNER, JAMES H

245 THIRD ST SW

WINTER HAVEN FL 33880

Name

BRICKNER, JAMES H

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

132 AVENUE E SW

WINTER HAVEN FLA

City

FL

Zip Code

33880

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

JAMES H. BRICKNER (PRES) *James H. Brickner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME CLEVELAND, DONALD E JR
STREET ADDRESS 245 THIRD ST., SW
CITY-ST-ZIP WINTER HAVEN FL 33880

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

TITLE D ☐ Delete
NAME BRICKNER, JAMES H
STREET ADDRESS 245 THIRD ST., SW
CITY-ST-ZIP WINTER HAVEN FL 33880

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

JAMES H. BRICKNER *James H. Brickner* 2/16/2001 (813) 294-7968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90075 013 ***150.00

00018538



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)