

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90066 050 ***150.00

DOCUMENT # P95000029066

1. Entity Name

FLORENATA SOLID SURFACE, INC.

Principal Place of Business

**620 NE THIRD ST
 BOYNTON BEACH FL 33435**

Mailing Address

**620 NE THIRD ST
 BOYNTON BEACH FL 33435-3855**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0597097

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

Name

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

City

FL

Zip Code

**JOHN C. NICHOLS
 22 SABAL ISLAND DRIVE
 4TH FLOOR
 BOYNTON BEACH FL 33435**

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 | <input type="checkbox"/> Delete |
| NAME | NICHOLS, JOHN C. | |
| STREET ADDRESS | 22 SABAL ISLAND DR. | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | NICHOLS, ELIZABETH M. | |
| STREET ADDRESS | 3050 NE 48 COURT | |
| CITY-ST-ZIP | LIGHTHOUSE PT. FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | NICHOLS, JOAN M. | |
| STREET ADDRESS | 22 SABAL ISLAND DR | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

JOAN M. NICHOLS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00
 Date

(561) 737-6722
 Daytime Phone #

CF 10/14/99