

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029066

1. Entity Name

FLORENATA SOLID SURFACE, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90238 001 ***300.00

Principal Place of Business

620 NE THIRD ST
BOYNTON BEACH FL 33435

Mailing Address

620 NE THIRD ST
BOYNTON BEACH FL 33435

2. Principal Place of Business

2921 NW. Commerce PK. DR.

3. Mailing Address

2921 NW. Commerce PK. DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BCH. FL

4. FEI Number

65-0597097

Applied For

Not Applicable

Zip

33426

Country

US

Zip

33426

Country

US

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

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

TITLE P
NAME NICHOLS, JOHN C.
STREET ADDRESS 22 SABAL ISLAND DR.
CITY-ST-ZIP BOYNTON BEACH FL ☐ Delete

TITLE VP
NAME NICHOLS, ELIZABETH M.
STREET ADDRESS 3050 NE 48 COURT
CITY-ST-ZIP LIGHTHOUSE PT. FL ☐ Delete

TITLE ST
NAME NICHOLS, JOAN M.
STREET ADDRESS 22 SABAL ISLAND DR
CITY-ST-ZIP BOYNTON BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Joan M. Nichols Sec/Treas. JOAN M. NICHOLS 01-15-01 (561)540-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)