

BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90049 016 ***158.75

DOCUMENT # P95000038782

1. Entity Name

FLOOR TECH INDUSTRIES OF BREVARD, INC.

Principal Place of Business

Mailing Address

**3606 SANDY CRANE COURT
 MELBOURNE FL 32934**

**3606 SANDY CRANE COURT
 MELBOURNE FL 32934-8575**

2. Principal Place of Business

3606 SANDY CRANE CT

3. Mailing Address

360 P.O BOX 410566

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MELBOURNE FL.

City & State
MELBOURNE FL.

4. FEI Number **59-3320900**

Applied For

Not Applicable

Zip **32934** Country **BREVARD INC**

Zip **32941** Country **BREVARD**

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

**KACZMARCZYK, W J
 3606 SANDY CRANE COURT
 MELBOURNE FL 32934**

Name **W. JACEN KACZMARCZYK**

Street Address (P.O. Box Number is Not Acceptable)
3606 SANDY CRANE CT.

City **MELBOURNE**

FL

Zip Code **32934**

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 **W. JACEN KACZMARCZYK**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PS KACZMARCZYK, W J**
 STREET ADDRESS **3606 SANDY CRANE COURT**
 CITY-ST-ZIP **MELBOURNE FL 32934**

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19-2000 321 259-2318