## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 29, 2000 8:00 am Secretary of State DOCUMENT # P95000056859 1. Entity Name A & G FLOOR COVERING, INC. 02-29-2000 90164 049 \*\*\*150.00 Principal Place of Business Mailing Address 11220-28 METRO PKWY 11220-28 METRO PKWY FT MYERS FL 33912-1247 FT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0606258 Not Applicable Country Zip Country .-\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RALEIGH, BRADLEY Street Address (P.O. Box Number is Not Acceptable) 11220-28 METRO PKWY FT MYERS FL 33912 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be \_\_After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ח TITLE ☐ Change Addition TITLE ☐ Delete RALEIGH, BRADLEY NAME NAME STREET ADDRESS STREET ADORESS 205 SW 8 STREET CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33991 Change ☐ Addition ☐ Delete TITLE TITLE RALEIGH, RUTH NAME NAME 205 SW 8 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition: TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

OFFICER OR DIRECTOR BRADLEY D. RALEION