## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # P95000094186 1. Entity Name J.L. HARDWOOD FLOORS, INC. 05-11-2001 90460 011 \*\*\*150.00 Principal Place of Business Mailing Address 7110 EDSEWOOD PL 7110 EDGEWOOD PL TAMPA FL 33615 **TAMPA FL 33615** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3360241 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUBALDI, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 4949 MARBRISA DRIVE **SUITE 1405 TAMPA FL 33624** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F □ Delete TITLE Change ☐ Addition Goseph A. LOPES 7110 EDENWOOD PLACE LOPEZ, JOSEPH A NAME NAME STREET ADDRESS 1722 W. HENRY AVENUE STREET ADDRESS CITY-ST-ZIP **IAMPA FL 33603** CITY-ST-ZIP Change Addition TITLE TITLE ALVAREZ, MOISES F NAME NAME 6225 N. DALE MABRY HWY. STREET ADDRESS STREET ADDRESS CITY-ST-7IP TAMPA FL 33614 CITY-ST-7IP Change TITLE ☐ Delete TITLE ■ Addition JENNY LOPCE 7110 E DENWOOD PLACE LOPEZ, JENNY NAME NAME -1722-W. HENRY-AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA-FL-33603-CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAMĘ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR