

# 2001 UNIFORM BUSINESS REPORT (UBR)

0063711

DOCUMENT # P95000098016

1. Legal Name

VIC'S FLOOR COVERING, INC.

**FILED**  
 01 JUL 12 PM 12:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 2467 N. JOHN YOUNG PARKWAY ORLANDO FL 32804		Mailing Address 2467 N. JOHN YOUNG PARKWAY ORLANDO FL 32804	
2. Principal Place of Business		3. Mailing Address	
City, Apt. #, etc.		City, Apt. #, etc.	
City & State		City & State	
Country	Country	Zip	Country

DO NOT WRITE IN THIS SPACE  
 02-13-01 90600 009 \$150-00  
 4. FEI Number 59-3365605 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CAPELLO, VICTOR**  
 2467 N. JOHN YOUNG PARKWAY  
 ORLANDO FL 32804

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 \_\_\_\_\_ DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO CAPELLO, VICTOR 2467 N. JOHN YOUNG PARKWAY ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPELLO, DEBBIE 2467 N. JOHN YOUNG PARKWAY ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

LS  
 (PA600096961)  
 \$ posted to another corporation in error by a private vendor contracted to process the UBR's  
 07/17/01

13. I hereby certify that the information provided is true and correct 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 concerning the same; and that my name appears in Block 11 or Block 12 if changed, or on an attachment to this report.

SIGNATURE: *Victor Capello* VICTOR CAPELLO 19-12-01 407-578-1998

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