

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028164

1. Entity Name
ACCENT FLOORCOVERING, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90068 044 ***150.00

Principal Place of Business
1705 E GARY RD
LAKELAND FL 33801
US

Mailing Address
1705 E GARY RD
STE 1
LAKELAND FL 33801
US

2. Principal Place of Business
1627 E. Gary Rd
Suite, Apt. #, etc.

3. Mailing Address
1627 E. Gary Rd
Suite, Apt. #, etc.

City & State
Lakeland FL
Zip
33801-2231
Country
US

City & State
Lakeland, FL
Zip
33801-2231
Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3372069

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, DENNIS FRANK
2222 S. COMBEE RD.
STE 1
LAKELAND FL 33801

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	TAYLOR, DENNIS F	1843 TRISTRAM	LAKELAND FL 33813	<input type="checkbox"/>
V	TAYLOR, INGERLISE L	1843 TRISTRAM	LAKELAND FL 33813	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #

CR2E034 (10/00)