FILED

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 15, 2001 8:00 am DOCUMENT # P96000029151 **Secretary of State** 1. Entity Name COLONIAL FLOOR CARE INC. 03-15-2001 90010 003 \*\*\*150.00 Principal Place of Business Mailing Address 1841 NE 56TH STREET 1841 NE 56TH STREET FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 US DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0655365 Not Applicable \$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 Name JONES, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 1841 NE 56TH STREET FT LAUDERDALE FL 33308 Zio Code 8. The above named entity subm 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 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. Delete ☐ Addition TITLE TITLE JONES, PHILLIP NAME NAME STREET ADDRESS 1841 NE 56TH STREET STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP FT LAUDERDALE FL 33308 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE . Delete \_TITLE-Change NAME 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-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 reports 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 trustate and tweed 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 algorithm of the receiver of the corporation of the corporation of the corporation of the corporation of the receiver or trustate and the property of the corporation of