

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90213 010 \*\*\*150.00

**DOCUMENT # P96000038319**

1. Entity Name  
**CWT FLOORING INSTALLATION, INC.**



Principal Place of Business  
**1863 HILL-N-DALE SOUTH  
TALLAHASSEE FL 32311  
US**

Mailing Address  
**1863 HILL-N-DALE SOUTH  
TALLAHASSEE FL 32311  
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3375658**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINOR, LEE  
1863 HILL-N-DASLE SOUTH  
TALLAHASSEE FL 32311**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **MINOR, LEE**  
STREET ADDRESS **1863 HILL-N-DALE S**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **RYBICKI, JAMES**  
STREET ADDRESS **3947 COLDWELL DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **HUTCHENS, JAMES**  
STREET ADDRESS **2005 INDIAN SPRINGS**  
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Andrew M. Carter**  
STREET ADDRESS **7912 Briar Creek Rd.**  
CITY-ST-ZIP **Tallah 32312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
NAME **Edward Alvin Ekberg**  
STREET ADDRESS **8851 Road to the Lake**  
CITY-ST-ZIP **Tallah 32317**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Andrew M. Carter**  
STREET ADDRESS **7912 Briar Creek Rd**  
CITY-ST-ZIP **32312 Tallahassee**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
NAME **Andrew M. Carter**  
STREET ADDRESS **7912 Briar Creek Rd**  
CITY-ST-ZIP **Tallah 32312**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-03**  
Date

**(850)556-2671**  
Daytime Phone #

CR2E034 (10/02)