

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046571

1. Entity Name

REGAL FLOORING, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90037 007 ***150.00

Principal Place of Business

Mailing Address

~~4751 DISTRIBUTION CT., #6~~
~~ORLANDO FL 32822~~

~~4751 DISTRIBUTION CT., #6~~
~~ORLANDO FL 32765-7851~~

2. Principal Place of Business

3. Mailing Address

650 KANE CT

650 KANE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OVEDO FL

OVEDO FL

City & State

City & State

32765

32765

Zip

Zip

Country

Country

USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3413839

Applied For

Not Applicable

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

ARNOLD, JUDY

~~4751 DISTRIBUTION CT., #6~~

~~ORLANDO FL 32822~~

Name

JUDY ARNOLD

Street Address (P.O. Box Number is Not Acceptable)

650 KANE CT

OVEDO

City

FL

Zip Code

32765

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

JUDY ARNOLD (SAME) (SEE ADDRESS CHANGE ONLY)

1/18/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ARNOLD, JUDY
CITY-ST-ZIP ~~4751 DISTRIBUTION CT., #6~~ SAME AS ABOVE
~~ORLANDO FL 32822~~

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JOHNSON, BECKY
CITY-ST-ZIP ~~4751 DISTRIBUTION CT., #6~~ SAME AS ABOVE
~~ORLANDO FL 32822~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Judy Arnold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

407-977-0717

Daytime Phone #

CR200014 (01/00)