2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000057428** Apr 20, 2000 8:00 am Secretary of State AACTION DISCOUNT FLOORS INC. 04-20-2000 90054 030 ***150.00 Mailing Address Principal Place of Business 16668 HAMILTON RD 17186 OLD CHENEY HWY ORLANDO FL 32833-2763 ORLANDO FL 32833 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3398147 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORNELIUS, LINDA J Street Address (P.O. Box Number is Not Acceptable) 16668 HAMILTON ROAD ORLANDO FL 32833 Zip Code FL 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. DATE (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, 2000 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 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change ☐ Delete TITI F TITLE CORNELIUS, BRIAN P NAME STREET ADDRESS 16668 HAMILTON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change Addition ☐ Delete TITLE TITLE CORNELIUS, LINDA NAME NAME STREET ADDRESS 16668 HAMILTON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 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.

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