

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000063571

FILED
Jan 03, 2003
Secretary of State

Entity Name: QUALITY CRAFT WOOD FLOORS, INC.

Current Principal Place of Business:

1 BUFFALO MEADOWS LANE
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

1 BUFFALO MEADOWS LANE
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 59-3423303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, CHARLES E.
77 ALMERIA ST
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TSISTINAS, MARK
Address: 1 BUFFALO MEADOW LN
City-St-Zip: PALM COAST, FL 32137

Title: VP () Delete
Name: TSISTINAS, LISA M.
Address: 1 BUFFALO MEADOW LANE
City-St-Zip: PALM COAST, FL 32137

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPSL () Change (X) Addition
Name: MERCER, NICKOLAS L
Address: 1 BUFFALO MEADOW LANE
City-St-Zip: PALM COAST, FL 32137

Title: VPOP () Change (X) Addition
Name: TSISTINAS, MIKE T
Address: 1 BUFFALO MEADOW LANE
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK TSISITNAS

PD

01/03/2003

Electronic Signature of Signing Officer or Director

_____ Date