

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90123 009 ***150.00

DOCUMENT # P96000094880

1. Entity Name
FLOORING PLUS OF OCALA, INC.



Principal Place of Business
**567 SILVER COURSE RUN
OCALA FL 34472**

Mailing Address
**567 SILVER COURSE RUN
OCALA FL 34472**



2. Principal Place of Business
567 Silver Crs Run

3. Mailing Address
SAME

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

☐ CHECK HERE IF MAKING CHANGES

City & State
Ocala, FL 34472

City & State

4. FEI Number
59-3425734

Applied For
☐ Not Applicable

Zip
34472

Country
USA

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

**EHLE, GWENETH,
527 SILVER COURSE RUN
OCALA FL 34472**

Name
GWEN EHLE
Street Address (P.O. Box Number is Not Acceptable)
567 Silver Course Run
City
Ocala, FL **FL** **34472**

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 *Gwen Ehler*
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
NAME
STREET ADDRESS
CITY-ST-ZIP
0 ☐ Delete
EHLE, GWEN
527 SILVER COURSE RUN
OCALA FL 34472

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
567 Silver Crs Run

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0 ☐ Delete
EHLE, MICHAEL
527 SILVER COURSE RUN
OCALA FL 34472

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
567 " "

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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☐ Delete

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

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: *Gwen Ehler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03 (352)804-2607

Date

Daytime Phone #

CR2E034 (10/02)