


AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 AM 8:00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002177	
1. Entity Name ABELL'S FLOOR COVERING, INC.	

Principal Place of Business 1040 S. VOLUSIA AVENUE ORANGE CITY, FL 32763	Mailing Address 1040 S. VOLUSIA AVENUE ORANGE CITY, FL 32763
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2. Principal Place of Business	3. Mailing Address
Subs, Apt. #, etc.	Subs, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

900024739333
11/17/03--01015--012 **61.00



CHECK HERE IF MAKING CHANGES

MRS

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ABELL, WILLIAM C 1668 EUCLID AVE. DELAND, FL 32763		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 _____ DATE _____



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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ABELL, WILLIAM C 1668 EUCLID AVE DELAND, FL 32763 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST STROUD, MARILYN 956 SPRINGBANK AVENUE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P Abell, William C 5675 N. HWY 11 DeLeon Springs, FL 32130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V Abell, William C III 1568 Euclid Ave DeLand, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V Abell, Nathaniel T 5675 N. Hwy 11 DeLeon Springs, FL 32130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 189.07(3)(b), 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: Marilyn Stroud Marilyn Stroud 11/8/03

386-774-7707