2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name ED'S CUSTOM WOOD FLOORING INC.					Secretary of State 04-08-2002 90073 048 ***150.00			
Principal Place of Business Mailing Address 231 N.W. 39 COURT POMPANO BEACH FL 33064 Mailing Address 231 N.W. 39 COURT POMPANO BEACH FL 33064								
2. Principal P	N 169 TH CT	TH CT						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State TUPITER FLORIDA City & State TUPITER			FLORIDA	4. FE	Applied For Not Applicable Continue of Status Posited \$8.75 Additional			
^{Zip} 33478	Country	Zip 33478	Country USA		ertificate of Status Desir	Fee Re	5 Additi equired	
	6. Name and Address of Current Re	gistered Agent	Name	7. Na	ame and Address of Ne	ew Registered Agent		
HANSEN, 231 N.W.		μμ	HANSEN EDMUND Street Address (P.O. Box Number is Not Acceptable)					
POMPANO	BEACH FL 33064	City	3.71.16		FL 광	Code	0	
A. The above	named entity submits this statement or the	he ourpose of changing its		registered age			<u> </u>	1 8
SIGNATURE .	Eduumd Har Signature, typed or printed name of registered agent and	usen	E: Registered Agent signature			03-28-08	<u> </u>	
• This corn	·		!! FEE IS \$150.00					
			2 Fee will be \$55	of State				
11.	OFFICERS AND DI		12.		DITIONS/CHANGES TO	OFFICERS AND DIREC		IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HANSEN, EDMUND 231 N.W. 39 COURT POMPANO BEACH FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		N 169 TH C	T	ипус	
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indicated	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empow, or on an attachment with an address, with	rue and accurate and that materials are the continuation of the co	ny signature shall ha as required by Chac	ive the same le	egal effect as if made un	nder oatn: that I am an (onicer o	or airector

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR