

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033294

1. Entity Name

SOUZA FLOOR COVERING INC.

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90004 032 \*\*\*150.00

Principal Place of Business

Mailing Address

2526 LINWOOD AVE  
NAPLES FL 34112

2526 LINWOOD AVE  
NAPLES FL 34108-2223

2. Principal Place of Business

3. Mailing Address

787 98th Ave. N.

787 98th Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Naples

Naples

City & State

City & State

Naples FL

Naples FL

Zip

Country

Zip

Country

34108

US

34108

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3452508

Applied For

Not Applicable

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

SOUZA, ANTHONY R  
2526 LINWOOD AVENUE  
NAPLES FL 34112

Name

Souza Anthony R.

Street Address (P.O. Box Number is Not Acceptable)

787 98th Ave. N.

City

Naples

FL

Zip Code

34108

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.

Anthony Souza

(NOTE: Registered Agent signature required when reinstating)

3/11/00

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPST	SOUZA, ANTHONY R	2526 LINWOOD AVE	NAPLES FL 34112	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Souza

Date

3/11/00

Daytime Phone #

941-272-4311

CR2E034 (9/99)