## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jun 20, 2001 8:00 am DOCUMENT # **Secretary of State** 06-20-2001 90007 013 \*\*\*150.00 FLoorExperts, Inc. Principal Place of Business Mailing Address 201 N. Federal Hwy 201 N. Federal Hwy Suite 109 Deerfield Beach FL Suite, 109 Deerfield Beach, FL 33441 A0074288 2. Principal Place of Business 3. Mailing Address 26/ N. Fateral Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 109 Applied For City & State 4. FEI Number 65-0799292 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Necela, Janet M. Street Address (P.O. Box Number is Not Acceptable) 201 N. Federal Hwy Suite 109 Deenfield Beach, FL 33441 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. \_Trust\_Fund.Contribution\_ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (11/00 TITLE Delete TITLE esident rank E. Suite 109 NAME NAME STREET ALE ESS STREET ADDRESS Deerfield Beach FL 33441 CITY-ST-ZIP CITY-ST-ZIP V-Pres/Secretary Delete Necela, Janet M. 201 D. Federal Huy Sufe 109 Adoition ☐ Change TITLE: TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deerfield Boach Th 3344 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition TITLE TITLE ☐ belete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: