

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 8:00 am**
Secretary of State

02-20-2001 90086 026 ***158.75

DOCUMENT # P97000064050**1. Entity Name**
C. T. W. Flooring, Inc. ✓**Principal Place of Business**
1029 W. Townsend St.
Avon Park, FL 33825**Mailing Address**
Same**2. Principal Place of Business**
Same as above**3. Mailing Address**
Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**City & State****4. FEI Number**
65-0778038**Applied For**
Not Applicable**Zip****Country****Zip****Country****5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

A0025025

6. Name and Address of Current Registered AgentMyrna M. Cobb
1780N. Sapphire Road
Avon Park, FL 33825**7. Name and Address of New Registered Agent****Name**
James W. Cobb
Street Address (P.O. Box Number is Not Acceptable)
3001 W. Odessa Rd.**City** Avon Park **FL** **Zip Code** 33825**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** *James W. Cobb* James W. Cobb, President *12-9-2001*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2001, Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Vice-President	<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME James W. Cobb		NAME James W. Cobb	
STREET ADDRESS 3001 W. Odessa Rd.		STREET ADDRESS 3001 W. Odessa Rd.	
CITY-ST-ZIP Avon Park, FL 33825		CITY-ST-ZIP Avon Park, FL 33825	
TITLE Sect.-Treasurer	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Myrna M. Cobb		NAME	
STREET ADDRESS 1780 N. Sapphire Rd.		STREET ADDRESS	
CITY-ST-ZIP Avon Park, FL 33825		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *James W. Cobb* James W. Cobb, President *12-9-2001* 863-452-5898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #