

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080124

1. Entity Name

FLOOR SPECIALISTS OF STUART, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90117 039 ***150.00

Principal Place of Business

Mailing Address

227 SW MONTERGY RD
STUART FL 34994
US

300 TONEY PENNA DR
JUPITER FL 33458

2. Principal Place of Business

2512 S.E. WILLOUGHBY BLVD
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

4. FEI Number 65-0469351

Applied For
Not Applicable

Zip

34994

Country

U.S.A

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLANAGAN, CHARLES T
300 TONEY PENNA DR
JUPITER FL 33458

7. Name and Address of New Registered Agent

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.

SIGNATURE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	FLANAGAN, CHARLES T	
STREET ADDRESS	300 TONEY PENNA DR	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOERS, BARRY	
STREET ADDRESS	1605 US HWY 204	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANSONE, MICHAEL	
STREET ADDRESS	1127 SEMINOLE EAST, UNIT 9D	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLANAGAN, C.T.	
STREET ADDRESS	300 TONEY PENNA DRIVE	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Charles Flanagan CHARLES FLANAGAN 1-8-00 (561) 747-5574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)