## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # **P98000002530** 1. Entity Name DUDLEY FLOORING, INC. 05-01-2000 90401 011 \*\*\*150.00 Principal Place of Business Mailing Address 4437 CENTRAL AVENUE 4437 CENTRAL AVENUE ST PETERSBURG FL 33713 ST PETERSBURG FL 33713-8232 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3545381 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRODEL, WILLIAM H EA,PA Street Address (P.O. Box Number is Not Acceptable) 4437 CENTRAL AVE. ST. PETERSBURG FL 33713 Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE PTD ☐ Delete TITLE DUDLEY, WENDELL NAME NAME STREET ADDRESS STREET ADDRESS 4437 CENTRAL AVENUE CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Change ☐ Addition VSD ☐ Delete TITLE ROUSE, DAWN K NAME STREET ADDRESS STREET ADDRESS 4437 CENTRAL AVENUE CITY-ST-7IP CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ ] Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 cath; 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 pame appears in Block 11 or Block 12 if chapted or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SUNDINGED SIGNATURE AND TYPED OF PHINTED NAME OF SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OF DIRECT

4/20/2000\_

) 327-6979

Daytime Phone #