

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000013696

FILED
Jan 09, 2003
Secretary of State

Entity Name: FLOORWORKS OF NORTH FLORIDA INC.

Current Principal Place of Business:

10285 STONINGTON WAY
JACKSONVILLE, FL 32221

New Principal Place of Business:

17 JIM WRIGHT RD
JACKSONVILLE, FL 32254

Current Mailing Address:

PO BOX 37193
JACKSONVILLE, FL 322361793 US

New Mailing Address:

FEI Number: 52-2097886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, DOUGLAS KEVIN
10285 STONINGTON WAY
JACKSONVILLE, FL 32221

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PHILLIPS, DOUGLAS KEVIN
Address: 10285 STONINGTON WAY
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: MAYS, SAMUEL MICHAEL
Address: 2425 QUAIL AVE.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS KEVIN PHILLIPS

D

01/09/2003

Electronic Signature of Signing Officer or Director

Date