

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022458

1. Entity Name

OAKLEAF HARDWOOD FLOORING, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90067 032 ***150.00

Principal Place of Business

12319 OAKLEAF AVE
TAMPA FL 33612

Mailing Address

12319 OAKLEAF AVE
TAMPA FL 33612-3918

2. Principal Place of Business

12319 OAKLEAF AVE.

Suite, Apt. #, etc.

3. Mailing Address

12319 Oakleaf Ave.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3498547

Applied For

Not Applicable

Zip

33612

Country

USA

Zip

33612

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LARGAY, NICHOLAS B
12319 OAKLEAF AVE
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name NICOLAS B. LARGAY

Street Address (P.O. Box Number is Not Acceptable)

12319 OAKLEAF AVE.

City

Tampa,

FL

Zip Code

33612

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD LARGAY, NICOLAS B 12319 OAKLEAF AVE TAMPA FL 33612	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARGAY, STACY 12319 OAKLEAF AVE TAMPA FL 33612	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KERNS, BRIAN 9609 BARNSIDE PL TAMPA FL 33635	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICOLAS B. LARGAY

Date

Daytime Phone #

3/13/00 (813) 931-2599