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FILED
May 28, 2002 8:00 am
Secretary of State
03-27-2002 90041 012 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069771
1. Entity Name
TROPICAL FLOORING, INC.

Principal Place of Business
**P O BOX 429
LAKE PLACID FL 33852-0429**

Mailing Address
**P O BOX 429
LAKE PLACID FL 33852-0429**

2. Principal Place of Business
10 N. Main St.
Suite, Apt. #, etc.

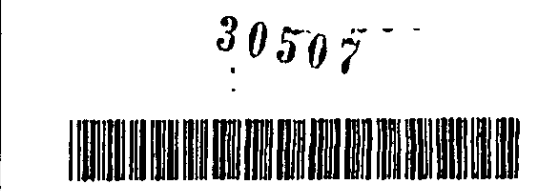
3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Lake Placid FL

City & State
Same

Zip
33852 Country **US**

Zip
Same Country



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
**WARNER, ALAN
165 BOUGAINVILLEA ST NE
LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent
**Warner, Michael
158 Citrus Rd NE
City Lake Placid FL Zip 33852**

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 **X Michael Warner** (NOTE: Registered Agent signature required when removing) 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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD WARNER, ALAN 165 BOUGAINVILLEA ST. NE LAKE PLACID FL 33852 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARNER, MARIA G 165 BOUGAINVILLEA ST. NE LAKE PLACID FL 33852 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARNER, BRIAN 239 GRAPE RD NW LAKE PLACID FL 33852 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO WARNER, MICHAEL R President 158 CITRUS RD NE LAKE PLACID FL 33852 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X WARNER, SONJA Vice President 158 CITRUS RD NE LAKE PLACID FL 33852 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: **Alvin Warner (V. President)** **07/17/02** **863-699-1440**

ALVIN WARNER **X Michael Warner**