

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 24, 2000 8:00 am**
Secretary of State

03-24-2000 90104 036 ***150.00

DOCUMENT # P98000070632

1. Entity Name

SOUTHERN FLOOR CARE, INC.**629465**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**5924 OKEECHOBEE BLVD
WEST PALM BEACH FL 33417-4324****350 LEIGH ROAD
WEST PALM BEACH FL 33405-4914**

2. Principal Place of Business

3. Mailing Address

5934 OKEECHOBEE BL**5934 OKEECHOBEE BL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL

City & State

W. PALM BEACH, F

Zip

Country

33417

Zip

Country

33417

4. FEI Number

65-0858075

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLMSTOCK, SHELLEY
350 LEIGH ROAD
WEST PALM BEACH FL 33405**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HOLMSTOCK, FRED	
STREET ADDRESS	350 LEHIGH RD	
CITY-ST-ZIP	W. PALM BCH FL 33408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOLMSTOCK, SHELLEY	
STREET ADDRESS	350 LEHIGH RD	
CITY-ST-ZIP	W. PALM BCH FL 33408	
TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00
Date**(561) 686-7888**
Daytime Phone #

CR2E034 (9/99)