

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90162 032 ***150.00

DOCUMENT # P98000070632

1. Entity Name
SOUTHERN FLOOR CARE, INC.

Principal Place of Business

**5934 OKEECOBEE BLVD
 WEST PALM BEACH FL 33417-4324**

Mailing Address

**5934 OKEECOBEE BLVD
 WEST PALM BEACH FL 33417-4324**

2. Principal Place of Business

5934 OKEECHOBEE BLVD

3. Mailing Address

5934 OKEECHOBEE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0858075**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **HOLMSTOCK, FRED**
 STREET ADDRESS **350 LEHIGH RD**
 CITY-ST-ZIP **W. PALM BCH FL 33408**

TITLE **VP** ☐ Delete
 NAME **HOLMSTOCK, SHELLEY**
 STREET ADDRESS **350 LEHIGH RD**
 CITY-ST-ZIP **W. PALM BCH FL 33408**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **350 LEIGH RD**
 CITY-ST-ZIP **W. PALM BEACH, FL 33405**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **350 LEIGH RD**
 CITY-ST-ZIP **W. PALM BEACH, FL 33405**

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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/02

Date

561-686-7888

Daytime Phone #

CR2E034 (4/02)

Attachment
972118

July 31, 2002

P98000070032

To Whom It May Concern,

Per my conversation with Madeline Barrett,
enclosed please find a check for \$150.00 to
the Department of State for the 2002 Uniform
Business Report filing fee.

Please be advised we did not receive the
initial notification and take note the
address information indicated on the form
has been corrected.

Sincerely,
Shelley Holmstrom
V.P., Southern Floor Care