

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 19, 2001 8:00 am
Secretary of State**

03-19-2001 90052 045 ***150.00

DOCUMENT # P98000087421

1. Entity Name

CONTRACT FLOORING SERVICES, INC.

Principal Place of Business

Mailing Address

**7711 ANDERSON ROAD
TAMPA FL 33634****7711 ANDERSON ROAD
TAMPA FL 33634**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3543185

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

**MOORE, STEVEN W
2240 BELLEAIR ROAD STE. 100
CLEARWATER FL 33764****CHANGE OF
ADDRESS
ONLY →**

Name

MOORE, STEVEN W.

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

8200 BRYAN DAIRY RD.**SUITE #300**

City

LARGO**FL**

Zip Code

33777

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, 2001 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 ☐ Delete
NAME **STD**
STREET ADDRESS **HALL, EDDIE**
CITY-ST-ZIP **1239 PRIMWOOD LANE
LUTZ FL 33549**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **PD**
STREET ADDRESS **AYRES, NANCY**
CITY-ST-ZIP **1239 PRIMWOOD LANE
LUTZ FL 33549**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **MORRISON, MICHAEL**
CITY-ST-ZIP **25 LAKE WHITEMORE DRIVE
SPENCER MA 01562**TITLE ☒ Change ☐ Addition
NAME **VPD**
STREET ADDRESS **MORRISON, MICHAEL**
CITY-ST-ZIP **18929 ST. LAURENT DR.
LUTZ, FL. 33549**TITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **RYRES, KIM**
CITY-ST-ZIP **3501 LAND OAKS DR. #102
TAMPA FL 33624**TITLE ☒ Change ☐ Addition
NAME **DVP**
STREET ADDRESS **AYRES, KIM (SPELLING CORRECTION)**
CITY-ST-ZIPTITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **SCHNITZLER, JELLE**
CITY-ST-ZIP **3501 LAND OAKS DR. #102
TAMPA FL 33624**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Nancy Ayres, President**NANCY AYRES****3/13/01****813-881-1210**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)