

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088840

1. Entity Name
QUALITY FLOORS, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90080 038 ***150.00

Principal Place of Business
12529 SE 141ST AVENUE ROAD
OCCLAHAHA FL 32179

Mailing Address
~~12555 SOUTHEAST 141ST AVENUE ROAD~~
~~OCCLAHAHA FL 32179-5390~~
P.O. BOX 101
EAST LAKE WEIR, FL 32133

2. Principal Place of Business
12529 SE 141 AV. RD.

3. Mailing Address
P.O. BOX 101

Suite, Apt. #, etc.

City & State
EAST LAKE WEIR, FL

Zip
32133

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3540421

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DRABIK, GREGORY J
12555 SOUTHEAST 141ST AVENUE ROAD
OCCLAHAHA FL 32179

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.
SIGNATURE *[Signature]* DATE 3/30/00
(NOTE: Registered Agent signature required when reinstating)

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 | PD | <input type="checkbox"/> Delete | | TITLE | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DRABIK, GREGORY J | | | NAME | | | |
| STREET ADDRESS | 12555 SOUTHEAST 141ST AVENUE ROAD | | | STREET ADDRESS | 12529 SE 141 AV. RD. | | |
| CITY-ST-ZIP | OCCLAHAHA FL 32179 | | | CITY-ST-ZIP | | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DRAGIK, THOMAS | | | NAME | | | |
| STREET ADDRESS | 12555 SOUTHEAST 141ST AVENUE ROAD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | OCCLAHAHA FL-32179 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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]* DATE 3/30/00 DAYTIME PHONE # 352-288-6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2EX14 (9/99)