

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90079 043 \*\*\*150.00

0095770

**DOCUMENT # P98000088871**

1. Entity Name \*

**DESIGNERS FLOOR COVERINGS, INC.**

Principal Place of Business

Mailing Address

4573 EXCHANGE AVE.  
 F  
 NAPLES FL 34104  
 US

4573 EXCHANGE AVE.  
 F  
 NAPLES FL 34104

**00017658**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4110 Enterprise Ave

4110 Enterprise Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

108

108

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34104

Collier

34104

Collier

4. FEI Number **59-3539333**

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

ARCIA, AILED  
 525 BAREFOOT WMS RD, #122  
 NAPLES FL 34113

Name

AILED ARCIA

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

5195 17th Ave SW

City

Naples

FL

Zip Code

34116

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

2/10/01

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 P  
 STREET ADDRESS ALVAREZ, WILLIAM  
 CITY-ST-ZIP 525 BAREFOOT WMS RD, #122  
 NAPLES FL 34113

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME V  
 STREET ADDRESS ARCIA, AILED  
 CITY-ST-ZIP 525 BAREFOOT WMS RD, #122  
 NAPLES FL 34113

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 5195 17th Ave SW  
 CITY-ST-ZIP NAPLES, FL 34116

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS MORALES, FRANCISCO  
 CITY-ST-ZIP 3000 SANTA BARBARA BLVD. #C  
 NAPLES FL 34116

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/01 941-4038100

CR2E034 (10/00)