


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91183 047 \*\*\*163.75

00303964 AV

<b>DOCUMENT #</b> P98000095311	
<b>1. Entity Name</b> CUSTOM FLOORING, INC.	

<b>Principal Place of Business</b> 2825 UNIVERSITY DRIVE #300 CORAL SPRINGS FL 33065	<b>Mailing Address</b> 5806 NORTHWEST 125TH TERRACE CORAL SPRINGS FL 33076
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<b>2. Principal Place of Business</b> 6901 Okeechobee Blvd Suite, Apt. #, etc. E-5 City & State West Palm Beach, FL Zip 33411 Country USA	<b>3. Mailing Address</b> Same Suite, Apt. #, etc. City & State Zip Country
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☐ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b> AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	<b>7. Name and Address of New Registered Agent</b> Name Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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<b>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.</b> SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4-11-03
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<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COHEN, RICHARD A 2825 UNIVERSITY DRIVE #300 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAROSA, LAWRENCE 2825 UNIVERSITY DRIVE #300 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHELLEY, ROBERT 2825 UNIVERSITY DRIVE #300 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.</b>
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<b>SIGNATURE:</b> 	<b>4-11-03</b>	<b>5617219500</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date</b>	<b>Daytime Phone #</b>

CR2E034 (10/02)