

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**  
 04-20-2000 90081 028 \*\*\*150.00

**DOCUMENT # P98000099462**

1. Entity Name  
**RON'S FLOORING, INC.**

Principal Place of Business 21701 FREEMAN DRIVE UMATILLA FL 32784	Mailing Address 21701 FREEMAN DRIVE UMATILLA FL 32784-8325
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040307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 762 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 762 Suite, Apt. #, etc.
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City & State Astor, FL	City & State Astor, FL	4. FEI Number 59-3544150	Applied For <input type="checkbox"/> Not Applicable
Zip 32102	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SLOCOMB, LORRAINE M 21701 FREEMAN DRIVE UMATILLA FL 32784	7. Name and Address of New Registered Agent Name: Janna S. Moorehead Street Address (P.O. Box Number is Not Acceptable): 24448 Pearl Street City: Astor FL Zip Code: 32102
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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: Janna S. Moorehead, Director DATE: 04/11/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 NAME STREET ADDRESS CITY-ST-ZIP	D MOOREHEAD, RONALD J JR 24448 PEARL STREET ASTOR FL 32102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Janna S. Moorehead 24448 Pearl Street Astor, FL 32102 <input type="checkbox"/> Change <input checked="" 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
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

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: Janna S. Moorehead DATE: 04/11/00 DAYTIME PHONE #: 352-759-2428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)