

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90993 003 \*\*\*150.00

DOCUMENT # P98000101111

1. Entity Name  
MAHONEY'S FLOORING INSTALLATIONS, INC.



Principal Place of Business  
508 C-2 SEA OATS DR.  
JUNO BEACH FL 33408

Mailing Address  
508 C-2 SEA OATS DR.  
JUNO BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

110 Colony Way E

110 Colony Way E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter FL

City & State

Jupiter FL

Zip

33458

Country

Zip

33458

Country

4. FEI Number 65-0880141

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHONEY, PATRICK  
508 C-2 SEA OATS DR  
JUNO BEACH FL 33408

Name John Mahoney  
Street Address (P.O. Box Number is Not Acceptable)  
110 Colony Way E.

City Jupiter FL Zip Code 33458

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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME MAHONEY, PATRICK  
STREET ADDRESS 508 C-2 SEA OATS DR.  
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PRES.  
NAME John Mahoney  
STREET ADDRESS 110 Colony Way East  
CITY-ST-ZIP Jupiter FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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 empowered.

SIGNATURE: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)