

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008049

1. Entity Name

THE ENGLISH FLOORING COMPANY

Principal Place of Business

Mailing Address

300 N. MIAMI TRAIL
SARASOTA FL 34236

300 N. MIAMI TRAIL
SARASOTA FL 34236

2. Principal Place of Business

300 N. Tamiami Trail

3. Mailing Address

300 N. Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, Florida

City & State
Sarasota, Florida

Zip
34236

Country
USA

Zip
34236

Country
USA

4. FEI Number
65-0890396

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

SETH-WARD, ROBERT N
300 N. MIAMI TRAIL
SARASOTA FL 34236

Name
Pamela J. James
Street Address (P.O. Box Number is Not Acceptable)
300 North Tamiami Trail
City
Sarasota FL Zip Code
34236

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 *Pamela J. James* Pamela J. James, Secretary 4/11/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D SETH-WARD, ROBERT N 300 N. MIAMI TRAIL SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Gary S. Christensen 300 N. Tamiami Trail Sarasota, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Pamela J. James 300 N. Tamiami Trail Sarasota, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Pamela J. James* Pamela J. James, Secretary 4/11/2000 (941)504-9035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90256 027 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)