

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000008049**

1. Entity Name

THE ENGLISH FLOORING COMPANY

Principal Place of Business

**300 N. TAMiami TRAIL
SARASOTA FL 34236**

Mailing Address

**300 N. TAMiami TRAIL
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2353 Loma Linda St.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

Zip

Country

Zip

Country

34239**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. TAMiami TRAIL
SARASOTA FL 34236**

Name

Pamela J. James

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

2353 Loma Linda St.

City

Sarasota**FL**

Zip Code

34239

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)

Pamela J. James, Secretary 01/11/2001

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	CHRISTENSEN, GARY S	300 N. TAMiami TRAIL	SARASOTA FL 34236	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD	JAMES, PAMELA J	300 N. TAMiami TRAIL	SARASOTA FL 34236	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela J. James, Secretary 1/11/01 941-504-

Date

Daytime Phone # **9045****FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90096 039 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)