

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008853

1. Entity Name

M.V.P. FLOORING, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90179 001 ***150.00

Principal Place of Business

8387 DORSEY ST.
SPRING HILL FL 34608

Mailing Address

8387 DORSEY ST.
SPRING HILL FL 34608-5335

2. Principal Place of Business

2400 COMMERCIAL WAY

3. Mailing Address

2400 COMMERCIAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

4. FEI Number

59-3557425

Applied For

Not Applicable

Zip

34606

Country

HERNANDO

Zip

34606

Country

HERNANDO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRICONE, MICHAEL V
8387 DORSEY ST.
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	PERRICONE, MICHAEL V	
STREET ADDRESS	8387 DORSEY ST.	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRICONE, MICHAEL V	
STREET ADDRESS	8387 DORSEY ST.	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

MICHAEL V. PERRICONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-00

Date

352-686-1181

Daytime Phone #

CR2E034 (9/99)