

3002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JAN 17 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014650

1. Entity Name

DO IT RIGHT FLOOR COVERING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1318 Lafayette St.

Suite, Apt. #, etc.

3. Mailing Address

1318 Lafayette St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-0898006

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

33904

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Eric Wood

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

1318 Lafayette St.

City

Cape Coral,

FL

Zip Code

33904

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

D

NAME

Wood, Eric

STREET ADDRESS

1318 Lafayette St.

CITY-ST-ZIP

Cape Coral, FL 33904

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

300010667673  
01/23/03--01034--009 \*\*550.00

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-  
1-13-03 549-2444

CR2E034B (12/01)