

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90104 025 ***150.00

DOCUMENT # P99000017472

1. Entity Name
CUSTOM HARDWOOD FLOORS OF CHIPLEY, INC.



Principal Place of Business
**3103 SEMINOLE ROAD
CHIPLEY FL 32428**

Mailing Address
**3103 SEMINOLE ROAD
CHIPLEY FL 32428**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3568288**

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

**BLUE, ROB JR
221 MCKENZIE AVENUE
PANAMA CITY FL 32401**

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. I am familiar with, and accept the obligations of 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	VP	<input checked="" type="checkbox"/> Delete
NAME	NOSS, III, RONALD A	
STREET ADDRESS	3026 SEMINOLE ROAD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NOSS, RONALD A III	
STREET ADDRESS	3026 SEMINOLE ROAD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	S	<input type="checkbox"/> Delete
NAME	NOSS, MARY	
STREET ADDRESS	3103 SEMINOLE ROAD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	T	<input type="checkbox"/> Delete
NAME	NOSS, ISAAC J	
STREET ADDRESS	3207 PALM BLVD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOSS, RONALD A	
STREET ADDRESS	3103 SEMINOLE ROAD	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOSS, RONALD A II	
STREET ADDRESS	3026 SEMINOLE ROAD	
CITY-ST-ZIP	CHIPLEY, FL 32428	
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		

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

850-638-4528

Daytime Phone #

CR2E034 (10/02)