

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000022344** ✓
 1. Entity Name
Simply Floors, Inc.

FILED
Apr 14, 2000 8:00 am
Secretary of State
 04-14-2000 90002 035 ***158.75

Principal Place of Business Mailing Address

A0037716

2. Principal Place of Business
640 N. Nova Rd
 Suite, Apt. #, etc.
113
 City & State
Ormond Beach FL
 Zip
33174 Country
Volusia

3. Mailing Address
Same
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
65-0904365 Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Melinda Kerns
4800 Overseas Hwy #13
Narathon FL 33050

7. Name and Address of New Registered Agent
 Name **Melinda Kerns**
 Street Address (P.O. Box Number is Not Acceptable) **640 N. Nova Rd #113**
 City **Ormond Beach FL 33174**

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 *Melinda Kerns* **4/3/00**
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	<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	
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 checked="" type="checkbox"/> Addition
NAME	President/Secretary
STREET ADDRESS	Melinda Kerns #113 Ormond Beach
CITY-ST-ZIP	Narathon FL 33050 33174
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President/Treasurer
STREET ADDRESS	CRAIG M. Kerns #113
CITY-ST-ZIP	Ormond Beach FL 33174
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: *Melinda Kerns* **4/3/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)