

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99006032487

1. Entity Name

DON JOHN SUPERIOR FLOORS, INC.

FILED

04 MAR -1 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
1662 Heartwellville St NW 1662 Heartwellville St NW
PALM BAY, FL 32907 PALM BAY, FL 32907

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code
VONDRA, TIMOTHY A
1662 Heartwellville St NW
PALM BAY FL 32907

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)

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT VONDRA, TIMOTHY A 1662 Heartwellville St. NW PALM BAY FL 32907
VP VONDRA, TAMMY L. 1662 Heartwellville St NW PALM BAY FL 32907

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
000028639590 02/12/04--01023--003 **150.00
000028639590 03/04/04--01008--013 **150.00

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:

Timothy A Vondra 2-5-04

321-768-6650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Supplemental Fee

CR2E034 (11/00)



ACCOUNTING

February 5, 2004

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Subject: Don John Superior Floors, Inc.
P99000032487

To Whom It May Concern:

Our client mentioned above, had their Corporation administratively dissolved on September 19, 2003 for failing to file a Uniform Business Report. They never received an original or a second notice. They have changed their mailing address so this will not happen in the future.

We respectfully request that their Corporation be reinstated without any additional fees. Therefore, please find enclosed a Uniform Business Report, along with a check for \$ 150.00

Thank you for your cooperation in resolving this matter.

Sincerely,

Tammy Adams

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314
FEB 10 2004