

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90002 023 ***550.00

DOCUMENT # P99000042279

1. Entity Name

PAPER CHASE FLOORING, INC.

Principal Place of Business

**837 AZALEA COURT
PLANTATION FL 33317**

Mailing Address

**837 AZALEA COURT
PLANTATION FL 33317**

2. Principal Place of Business

**2050 N. ANDREWS AVE Ext.
Suite, Apt. #, etc.
Ste. 114**

3. Mailing Address

**2050 N. ANDREWS AVE Ext.
Suite, Apt. #, etc.
Ste. 114**

City & State

POMPANO BECH FL

City & State

POMPANO BECH FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

65-0919555

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIGMON, KATHY L
6331 STIRLING ROAD
DAVIE FL 33314**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **BROWN, PHILLIP L**
STREET ADDRESS **837 AZALEA COURT**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Brown, Phillip**
STREET ADDRESS **7925 NW 8TH Avenue**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **V-President - Treasurer** ☐ Change ☒ Addition
NAME **Brown, Meghan**
STREET ADDRESS **7925 NW 8TH Avenue**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **V-President** ☐ Change ☒ Addition
NAME **Brown, Nicholas E.**
STREET ADDRESS **2513 Sugarbaf Ln.**
CITY-ST-ZIP **Ft. Laud., FL 33312**

TITLE **D** ☐ Change ☒ Addition
NAME **LEONARD JOHNSON**
STREET ADDRESS **5301 NW 28 Ave**
CITY-ST-ZIP **TAMARAC FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: * [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 917-5100

CR2E034 (5/00)