

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91413 049 ***150.00

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DOCUMENT # P99000042279

1. Entity Name
PAPER CHASE FLOORING, INC.



Principal Place of Business
**2050 N ANDREWS AVE EXIT
SUITE 114
POMPANO BEACH FL 33064**

Mailing Address
**2050 N ANDREWS AVE EXIT
SUITE 114
POMPANO BEACH FL 33064**

11040152



2. Principal Place of Business
4700 Hiatus Road

3. Mailing Address
4700 Hiatus Rd

Suite, Apt. #, etc.
252

Suite, Apt. #, etc.
252

City & State
Sunrise, FL

City & State
Sunrise

Zip
33351

Country
USA

Zip
FL

Country
USA

☐ CHECK HERE IF MAKING CHANGES

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
2050 N ADREWS AVE EXT
STE 114
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name
Kathy L Sigmon

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

4700 Hiatus Rd #252

City
Sunrise

FL

Zip Code
33351

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 *Kathy L Sigmon*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BROWN, PHILLIP
7925 NW 87TH AVE
TAMARAC FL 33321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
BROWN, MEGHAN
7925 NW 87TH AVE
TAMARAC FL 33321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BROWN, NICHOLAS E
2513 SUGARLOAF LN
FORT LAUDERDALE FL 33312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 an officer empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (954) 917-5100

Date

Daytime Phone #

CR2E034 (10/02)