2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051346 May 18, 2000 8:00 am Secretary of State NEW MILLENNIUM FLOORING, INC. 05-18-2000 90385 021 ***150.00 Principal Place of Business Mailing Address 9161 131ST PLACE UNIT B 9161 131ST PLACE UNIT B LARGO FL 33773-1442 LARGO FL 33773 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State Not Applicable Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KENNEDY, DEBORAH A Street Address (P.O. Box Number is Not Acceptable) 9232 80TH AVE. LARGO FL 33777 Zip Code Ato. 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE TITLE KENNEDY, DEBORAH A NAME 9161 131ST PLACE UNIT B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LARGO FL 33773 ☐ Change Addition ☐ Delete TITLE TITLE NAME OSBORNE, WILLIAM R NAME STREET ADDRESS STREET ADDRESS 9161 131ST PLACE UNIT B CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 □ Ĉhange ☐ Addition TITLE Delete TITLE KENNEDY, EDWARD T NAME NAME ili. STREET ADDRESS STREET ADDRESS 9161 131ST PLACE UNIT B CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33773** Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

4-29.00

727.319.4822

Daytime Phone #