

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058769

1. Entity Name

GO FLOOR IT, INC.

Principal Place of Business

706 FLAGG ST.
TALLAHASSEE FL 32311

Mailing Address

706 FLAGG ST.
TALLAHASSEE FL 32311-7405

2. Principal Place of Business

3. Mailing Address

3214 Wyoming Ct
TALLA FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

32312

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, CHRISTOPHER S
1920 HIDEAWAY CT.
TALLAHASSEE FL 32303

Name Tommy DEBRA BLAISDELL

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

3214 Wyoming Ct

City

TALLA

FL

Zip Code

32312

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

Debra Blaisdell

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BLAISDELL, DEBRA
STREET ADDRESS 3214 WYOMING
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE D ☒ Delete
NAME ROBERTS, CHRISTOPHER S
STREET ADDRESS 1920 HIDEAWAY CT.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition
NAME 700003267367--8
STREET ADDRESS -05/25/00--01100--010
CITY-ST-ZIP *****150.00 *****150.00

TITLE D ☐ Delete
NAME WEST, TOMMY
STREET ADDRESS 706 FLAGG ST.
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Debra Blaisdell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/18/00

Daytime Phone #

386 3491

SP



DO NOT WRITE IN THIS SPACE

FILED

00 MAY 19 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GO FLOOR IT, INC.
706 Flagg Street
Tallahassee, Florida 32311

May 18, 2000

Dear Sir:

I have been in and out of town since February caring for my ill parents and forgot about the corporate filing. Both my mother and father have been in and out of the hospital. My mother was in intensive care twice and my father died May 3, 2000. I do apologize for filing late and would appreciate a waiver of the late filing fees. If you need additional information please call me at 850-386-3491.

Sincerely,

A handwritten signature in cursive script that reads "Debra Blaisdell". The signature is written in black ink and is positioned above the typed name and title.

Debra Blaisdell
Secretary