

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068107

1. Entity Name

AAA HARDWOOD FLOORS, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90009 001 ***150.00
03-24-2000 90009 002 *****8.75

Principal Place of Business

Mailing Address

1718 SHORE ACRES BLVD., N.E.
ST. PETERSBURG FL 33703

1718 SHORE ACRES BLVD., N.E.
ST. PETERSBURG FL 33703-3354

2. Principal Place of Business

3. Mailing Address

909 35th Street North

909 35th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ph (727) 527-8485

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number
59-3591164

Applied For

Not Applicable

Zip
33712

Country
US

Zip
33712

Country
US

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

WIECKOWSKI, WACLAW
353 SHORE DRIVE, EAST
OLDSMAR FL 34677

Name

Robert P. Hayes

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

909 35th Street North

ph (727) 321-2138

City

St. Petersburg

FL

Zip Code

33712

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 Robert P. Hayes
Signature, typed or printed name of registered agent and title if applicable.

/ Robert P. Hayes

March 17, 2000

(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 ☒ Delete
NAME D
STREET ADDRESS NOWICKI, CHRISTOPHER
CITY-ST-ZIP 1718 SHORE ACRES BLVD., N.E.
ST. PETERSBURG FL 33703

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS Robert P. Hayes
CITY-ST-ZIP 909 35th Street North
St Petersburg, FL 33712

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

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.

ph# (727) 527-8485

SIGNATURE:

Robert P. Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert P. Hayes, President 03/17/2000

Date

Daytime Phone #

CR2E034 (9/99)