

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069086

1. Entity Name

PROFESSIONAL FLOORING INSTALLATIONS, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90070 026 ***150.00

Principal Place of Business	Mailing Address
7519 SUN TREE CIRCLE #216 ORLANDO FL 32807	7519 SUN TREE CIRCLE #216 ORLANDO FL 32807-6128

2. Principal Place of Business	3. Mailing Address
187 W Marvin Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Longwood FL	
Zip	Country
32750	Seminole



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3589132	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAPISARDA, STEVE 7519 SUN TREE CIRCLE #216 ORLANDO FL 32807	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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D/p/s	TITLE	
NAME	RAPISARDA, STEVE	NAME	
STREET ADDRESS	7519 SUN TREE CIRCLE #216	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ 2/3/00 407-265-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #