

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90118 013 ***150.00

DOCUMENT # P99000071659

1. Entity Name

FLOORS-R-US, INC.

Principal Place of Business

Mailing Address

5505 MARINA DRIVE
HOLMES BEACH FL 34217

5505 MARINA DRIVE
HOLMES BEACH FL 34217-1513

00009688

2. Principal Place of Business

3. Mailing Address

3340 Gulf Dr. N.
Suite B
Holmes Beach, FL
34217
Manatee

3340 Gulf Dr. N.
Suite B
Holmes Beach, FL
34217
Manatee



IN THIS SPACE

City & State
Holmes Beach, FL
Zip
34217
Country
Manatee

City & State
Holmes Beach, FL
Zip
34217
Country
Manatee

4. FEI Number
65-0942105

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

BUCCI, THOMAS M
5505 MARINA DRIVE
HOLMES BEACH FL 34217

Address Change

Name
Bucci, Thomas M
Street Address (P.O. Box Number is Not Acceptable)
3340 Gulf Dr. N, Suite B
City
Holmes Beach FL
Zip Code
34217

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUCCI, THOMAS M
5505 MARINA DRIVE
HOLMES BEACH FL 34217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOMES, RICHARD R
5505 MARINA DRIVE
HOLMES BEACH FL 34217 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. 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
CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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:

Thomas M. Bucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 (941) 778-5500