

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076603

1. Entity Name

FLOOR GALLERY, INC.

Principal Place of Business

1002 OLD DIXIE HIGHWAY
VERO BEACH FL 32960

Mailing Address

1002 OLD DIXIE HIGHWAY
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3599972

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, HARVEY
1002 OLD DIXIE HIGHWAY
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name Rachael Kramer

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

1002 Old Dixie Hwy

City Vero Beach

FL

Zip Code 32960

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

Rachael Kramer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/24/2003

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, 2002 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 PVP
NAME KRAMER, MICHAEL
STREET ADDRESS 1361 30TH AVE.
CITY-ST-ZIP VERO BEACH FL 32960

☐ Delete

TITLE VP
NAME KRAMER, HARVEY
STREET ADDRESS 552 STANLEYS CAY
CITY-ST-ZIP VERO BEACH FL 32966

☒ Delete

TITLE ST
NAME KRAMER, RACHEL
STREET ADDRESS 1361 30TH AVE.
CITY-ST-ZIP VERO BEACH FL 32960

☐ 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

000021306800
07/03/03--01064--016 **550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000021306800
07/03/03--01064--015 **944.63

TITLE
NAME
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:

Rachael Kramer Sec/Treas.

6/24/2003 (712) 567-0882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

0004737 AT

FILED

03 JUL -3 PM 1:09

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE