

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078826

1. Entity Name

INNOVATIVE FLOORING OF SOUTHWEST FLORIDA, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90121 046 ***158.75

Principal Place of Business

Mailing Address

7040 SABLE RIDGE LANE
NAPLES FL 34198

7040 SABLE RIDGE LANE
NAPLES FL 34109-3806

2. Principal Place of Business

2082 Trade Center Way
Suite, Apt. #, etc.
#103

3. Mailing Address

2082 Trade Center Way
Suite, Apt. #, etc.
#103

City & State

Naples FL

City & State

Naples FL

4. FEI Number

65-0945131

Applied For

Not Applicable

Zip

34109

Country

US

Zip

34109

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

FELDEN, CHRISTIAN B
GULF COAST NATIONAL BANK
3838 TAMiami TRAIL NORTH #416
NAPLES FL 34103

Name

Jacqueline M. Snyder

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

2082 Trade Center Way

#103

City

Naples

FL

Zip Code

34109

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

Jacqueline M. Snyder

Jacqueline M. Snyder

4/14/00

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 SNYDER, JACQUELINE
STREET ADDRESS 7040 SABLE RIDGE LANE
CITY-ST-ZIP NAPLES FL 34198

TITLE PRESIDENT ☐ Change ☒ Addition
NAME THOMAS E. SNYDER II
STREET ADDRESS 7040 SABLE RIDGE LN.
CITY-ST-ZIP NAPLES, FL. 34109

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
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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:

Jacqueline M. Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00
Date

941-593-0206
Daytime Phone #

CFR2E034 (9/99)