2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000088955** Mar 07, 2000 8:00 am 1. Entity Name **Secretary of State** RALPH MOORE FLOORS, INC. 03-07-2000 90045 042 ***150.00 Principal Place of Business Mailing Address 13407 4TH ST. 13407 4TH ST. FT. MYERS FL 33905-2113 FT. MYERS FL 33907 DUUUZZVV 2. Principal Place of Business 2049 Baccon Manor Dr. ³ Mailing Address 2049 Beacon Manor Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State FL Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENDERSON, DEBORAH L Street Address (P.O. Box Number is Not Acceptable) 13407 4TH ST. FT. MYERS FL 33907 5 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Delete TITLE Change TITLE Moore, Ralph A 1190 Biscayne Dr MOORE, RALPH A NAME NAME STREET ADDRESS STREET ADDRESS 1190 BISCAYNE DR. CITY-ST-ZIP Pt Myers CITY-ST-ZIP N. FT. MYERS FL 33903 **Thange** ☐ Addition Delete TITLE TITLE tenderson, Deborani HENDERSON, DEBORAH L NAME NAME 3407 Fourth STREET ADDRESS STREET ADDRESS 13407 4TH ST. CITY-ST-7IP CITY-ST-ZIP FT. MYERS FL 33907 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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 of 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 it changed, or on an altochment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR