

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088955

1. Entity Name
RALPH MOORE FLOORS, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90204 020 ***150.00

Principal Place of Business
2049 BEACON MANOR DR
FT. MYERS FL 33907

Mailing Address
2049 BEACON MANOR DR
FT. MYERS FL 33907

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 65-5949986

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

HENDERSON, DEBORAH L
13407 4TH ST.
FT. MYERS FL 33907

Name Deborah L Henderson
Street Address (P.O. Box Number is Not Acceptable)
13407 Fourth St
P O Box 51541
City Ft Myers FL Zip Code 33994

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, 2001 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 DP
NAME MOORE, RALPH A
STREET ADDRESS 1190 BISCAYNE DR.
CITY-ST-ZIP N. FT. MYERS FL 33903 ☐ Delete

TITLE DP
NAME RALPH A MOORE
STREET ADDRESS 13536 MARQUETTE BLVD.
CITY-ST-ZIP FT MYERS FL 33905 ☒ Change ☐ Addition

TITLE DS
NAME HENDERSON, DEBORAH L
STREET ADDRESS 13407 4TH ST.
CITY-ST-ZIP FT. MYERS FL 33907 ☐ Delete

TITLE DS
NAME Deborah L Henderson
STREET ADDRESS 13407 Fourth St P O Box 51541
CITY-ST-ZIP Ft Myers FL 33994 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Deborah L Henderson Deborah Henderson

1-5-01 941-274-7747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)