

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90046 036 ***150.00

DOCUMENT # S65342

1. Entity Name
INJECT A FLOOR SYSTEMS, INC.



Principal Place of Business
**4260 OAK CIRCLE
BOCA RATON FL 33431
US**

Mailing Address
**4260 OAK CIRCLE
BOCA RATON FL 33431
US**

2. Principal Place of Business

**6400 NW 2nd Ave.
Suite, Apt. #, etc.
#423**

3. Mailing Address

**6400 N. W. 2nd Ave.
Suite, Apt. #, etc.
#423**

City & State
Boca Raton Florida

City & State
Boca Raton, Florida

4. FEI Number **65-0285103**

Applied For
Not Applicable

Zip Country
33487 Palm Beach

Zip Country
3487 Palm Beach

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

**DISTEFANO, ARLENE M
4260 OAK CIRCLE
BOCA RATON FL 33431**

Name
Arlene M. DiStefano
Street Address (P.O. Box Number is Not Acceptable)
6400 NW 2nd Ave. #423

City **Boca Raton,** **FL** Zip Code
33487

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Arlene M. DiStefano*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **DISTEFANO, ARLENE M**
CITY-ST-ZIP **4260 OAK CIRCLE
BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
NAME **PD**
STREET ADDRESS **Arlene M. DiStefano**
CITY-ST-ZIP **6400 NW 2nd Ave., #423
Boca Raton, FL 33487**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arlene M. DiStefano, PD
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-999-0770

CR2E034 (10/02)