FILED Jan 17, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V08840 **DOCUMENT #**

1. Entity Name

1. Entity Na	^{ame} A HARDWOOD FLOOR S	UPPLY, INC.			01-17-2003 90138 004 ***150.00			
Principal Pla 8506 SUNST TAMPA FL 3 US		4087 SPF	Mailing Address 4087 SPRING LAKE HWY BROOKSVILLE FL 34602 US			 	II BEBI DIBI BODE DERI	81811 1 1811 1881
2. Principal	Place of Business	3. Mailing	Address	· · · · · · · · · · · · · · · · · · ·				
Suite, Ap	ot. #, etc.	Suite, A	Suite, Apt. #, etc.			HECK HERE IF M	AKING CHANGES	
City & Sta	ate	City & S	City & State			4. FEI Number 59-3114966 Applied For		
Zip Country		Zip	Zip Country		5. Certificate of St.	1	¬ \$8.75 Ad	
	6. Name and Address of Cur	ent Registered A	rent				Fee Require	.db
BAST, MARGARET DIANE				Name Stroot Address	7. Name and Add		tered Agent	
TAMPA F	NSTATE ST FL 33634			Sireet Address	s (P.O. Box Number is N	ot Acceptable)		
				City			FL Zip Cod	
the obliga	e named entity submits this stateme ations of registered agent.	nt for the purpose of	of changing its r	registered office or regist	tered agent, or both, in t	ne State of Florida.	I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	. (NOTE	Registered Agent signature require	rod upop coinciplia.			
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550. k Payable to Florida Departmer	00 It of State			9. Election	Campaign Financin Contribution.	· _ \\	O May Be to Fees
10.	OFFICERS A	ND DIRECTORS		11,	ADDITIONS/CHAN	IGES TO OFFICER	AND DIDECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAST, MARGARET DIANE 195 SPRING LAKE HWY BROOKSVILLE FL 34602		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHAIN	GES TO OFFICERS	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ε	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C	Delete	TITLE NAME STREET ADDRESS	-	,	☐ Change	Addition

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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: