

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90067 032 ***150.00

DOCUMENT # P98000022458

1. Entity Name

OAKLEAF HARDWOOD FLOORING, INC.

Principal Place of Business

12319 OAKLEAF AVE
 TAMPA FL 33612

Mailing Address

12319 OAKLEAF AVE
 TAMPA FL 33612-3918

2. Principal Place of Business

12319 OAKLEAF AVE.

Suite, Apt. #, etc.

3. Mailing Address

12319 Oakleaf Ave.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3498547

Applied For

Not Applicable

Zip

33612

Country

USA

Zip

33612

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LARGAY, NICHOLAS B
 12319 OAKLEAF AVE
 TAMPA FL 33612

7. Name and Address of New Registered Agent

Name: NICHOLAS B. LARGAY

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

12319 OAKLEAF AVE.

City

Tampa,

FL

Zip Code

33612

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	LARGAY, NICHOLAS B	12319 OAKLEAF AVE	TAMPA FL 33612	<input type="checkbox"/>
V	LARGAY, STACY	12319 OAKLEAF AVE	TAMPA FL 33612	<input type="checkbox"/>
S	KERNS, BRIAN	9609 BARNESIDE PL	TAMPA FL 33635	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS B. LARGAY

Date

Daytime Phone #

3/13/00 (813) 931-2599