

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90036 038 ***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

2. Principal Place of Business

934 East 124th Ave.

3. Mailing Address

934 East 124th Ave.

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number **59-3498547**

Applied For

Not Applicable

Zip

33612

Country

Hillsborough

Zip

33612

Country

Hillsborough

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, NICOLAS B
12319 OAKLEAF AVE
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name **Nicolas 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 *Nicolas B Largay*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/01
 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	LARGAY, NICOLAS B	
STREET ADDRESS	12319 OAKLEAF AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	V	<input type="checkbox"/> Delete
NAME	LARGAY, STACY	
STREET ADDRESS	12319 OAKLEAF AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KERNS, BRIAN	
STREET ADDRESS	9809 BARNSIDE PL	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *Nicolas B Largay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01
 Date

(813) 931-2599
 Daytime Phone #

CR2E034 (10/00)