

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90104 046 \*\*\*150.00

**DOCUMENT # P98000022458**

1. Entity Name

**OAKLEAF HARDWOOD FLOORING, INC.**

Principal Place of Business

Mailing Address

928  
 106 EAST 124TH AVENUE  
 #6  
 TAMPA FL 33612

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 106 EAST 124TH AVENUE  
 #6  
 TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

928E East 124th Ave

928E-East 124th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tpa, FL

Tpa, FL

Zip 33612

Country USA

Zip 33612

Country USA

4. FEI Number

**59-3498547**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARGAY, NICHOLAS B**  
**12319 OAKLEAF AVE**  
**TAMPA FL 33612**

Name

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

City

**FL**

Zip Code

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

*Nicholas B. Largay* President

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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>LARGAY, NICOLAS B</b>	
STREET ADDRESS	<b>12319 OAKLEAF AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LARGAY, STACY</b>	
STREET ADDRESS	<b>12319 OAKLEAF AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Stacy Largay* VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

Date

(813) 931-2599

Daytime Phone #

CR2E034 (9/01)