## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

DOCUMENT # P00000013391

1. Entity Name

THE TILE DOCTOR, INC.



FILED

41,

03 SEP 30 AM 9:01

SECRETARY OF STATE TALLAHASSEF, FLORIDA

770 416- 0200

Daytime Phone #

9-25.03

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				03/30/0301002013	**45U。[JU
	ace of Business	3. Mailing Address			\ 88 <b>7</b>
	HOLOMB BRIDGE RD				
Suite, Apt.	#, etc. >	Suite. Apt. #, etc.		TELEBERGY BOYOT-WAITE IN THIS	SPACE
City & State	3	City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number	Applied For
NORCE	oss GA.			59-3629555	Not Applicable
- Zio 3009 2		Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
. شده حدد ک	The same of the sa	AND THE STATE OF T	, . Nama	7. Name and Address of Current Registere	d Agent
		ing I sale has	Name )Av	es Power	
,	DO NOT W	KIIE	Street Address	(P.O. Box Number is Not Acceptable)	
	IN THIS SP	ACE			
•	IIA LILIO OF		13460	DANIELS COMMERCE	8WD
à			City TORT V	MUGA ( FI	Zip Code 33912
8 The above	named entity submits this statement for	the purpose of changing it	s registered office or registe	red agent, or both, in the State of Florida. I am	
	ions of registered agent.	Λ	·		
	$V_{\rm s}$ $V_{\rm s}$ $V_{\rm s}$	!/		$\alpha l_{2}$	1/1000
SIGNATURE .	Signature typad or printed name of registered agent a	ng ste it applicable. (NO	TE: Registered Agent signature regulae	d when reinstailing) DATE	6/2005
	nuary 1 May 1 Fee is \$150.00				
	After May 1, Fee is \$550.00			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Make Check	Amended UBR is \$61.25 Payable to Florida Department of	State	•	Trust Fund Contribution.	☐ Added to Fees
10.	OFFICERS AND		29.48 T (10.75 A (10.00		1. 34.43.3
TITLE	PRESIDENT		ŢĬĬĹĒ		
NAME	CURT V. RAPP.		NAME		
STREET ADDRESS	3845 HOLCOMS B		STREET ADDRESS		
City-St-Zip	NORCROSS, GA. 3	W092	CITY-ST-ZIP		9 ( )
TITLE	SECRITARY		TITLE		
NAME	CURT V. RAPP 3845 HOLLOMBRID	W 00 # 400	NAME STREET ADDRESS		
STREET ADDRESS   CITY+ST-ZIP			CITY-ST-ZIP		
	NURCRUSS, GA.	3001 2			
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STREET ADDRESS	CURT V. RAPP 3845 HULCOMB BRI	366 RD #W	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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TITLE			NAME.		
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CITY-ST-ZIP			CITY-ST-ZIP		
12 Thereby c	t. certify that the information supplied with	this filing does not qualify for	or the exemption stated in S	ection 119.07(3)(i), Florida Statutes, I further ce	rtify 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 eath: that I	am an officer or director
or me cor attachme	poration or the receiver or trustee emp nt with an address, with all oth <del>er like</del> em	owered to execute this rep. ipowered.	on as required by Chapter t	507, Florida Statutes; and that my name appea	IS HE BLOCK TO OF ON AT

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## 3845 Holcomb Bridge Road #400 Norcross, GA 30092

Phone: (770) 416-0200/Fax: (770) 416-0003 E-mail: curt@thetiledoctor.com

September 25, 2003

TO: Florida Corporate reinstatement

RE: The Tile Doctor a Florida Corporation

Per the conversation with your department today, I am enclosing a check for 450.00 and asking for a review of reinstatement penalties for My Florida Corporation.

I have heard there is an amnesty program available I hope this would fall under that. Regardless I never received any of the forms to file my annual report due to my business relocation to Georgia.

I now understand I wrongly assumed all was taken care of due to my timely filing of all tax matters. I only found out of the Inactive status due to my looking at the website for another matter.

I have enclosed the needed forms to get my company up to date.

Thanks you for your understanding and resolution of this matter.

Sincerely,

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The Tile Doctor, Inc.