2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000042335



FILED Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90125 041 ***150.00

1. Entity Name JOSEPH'S TILE INC.		
Principal Place of Business 1895 NORTH TAMIAMI TRAIL UNIT C-2 N. FORT MYERS FL 33903	Mailing Address 1895 NORTH TAMIAMI TRAIL UNIT C-2 N. FORT MYERS FL 33903	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

N. FORT MYERS FL 33903 N. FORT MYERS FL 33903		3						
Principal Place of Business Mailing Address				CHECK HERE IF MAKING CHANGES				
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State		4.	FEI Number 65-1001216	— — —	oplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current	Registered Agent		7. (Name and Address of New Registere	d Agent		
	معيم المرادي يبعد المنصداد	وحيوصه ومديد أأدم فا	Name-	سها سا	a Carrier Commence of the Comm			
ABRUNTILLA, JOSEPH 1895 NORTH TAMIAMI TRAIL			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
UNIT C-2			٠, ٠,					
N. FORT MYERS FL 33903			City	·				
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or r	egistered ag	ent, or both, in the State of Florida. I a	m familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	E: Registered Agent signatur	e required where re	pinstating) DATE			
		and the mappingable. The first	L. Hegistered Agent signatur	s required when re	I .	<u>. </u>		
Afte	iLE NOW!!! FEE IS \$150.00 r May 1, 2003: Fee will be \$550.00 k Payable to Florida Department o	f State			Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAMS: STREET ADDRESS CITY-ST-ZIP	D ABRUNTILLA, JOSEPH 1895 NORTH TAMIAMI TRAIL, UN N. FORT MYERS FL 33903	□ 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	
NAME		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	يديون مستحص	The second of th	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		19/10/20/20/20/20/20/20/20/20/20/20/20/20/20	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	d in Section :	119 07(20) Florida Statutas Liurthau	Change	Addition	

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 of vustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE