

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90309 003 ***150.00

0114572 AV

DOCUMENT # P02000027710

1. Entity Name
TILE DOCTOR OF CENTRAL FLORIDA, INC.



Principal Place of Business
**2843 CURRY WOOD DR
ORLANDO FL 32822**

Mailing Address
**2843 CURRY WOOD DR
ORLANDO FL 32822**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-1630917

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALICEA, MYRIAM
2843 CURRY WOOD DR
ORLANDO FL 32822**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GOMEZ, LUIS F	
STREET ADDRESS	2843 CURRY WOOD DR	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALICEA, MYRIAM	
STREET ADDRESS	2843 CURRY WOOD DR	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **MYRIAM ALICEA**

04-29-03 407-797-5752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)