

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

03-29-2004 90022 049 ***158.75

DOCUMENT # P03000097775 1. Entity Name THE TILE MARKET OF FORT MYERS, INC.																													
Principal Place of Business 1450 WEST COPANS ROAD POMPANO BEACH, FL 33064 US			Mailing Address 1450 WEST COPANS ROAD POMPANO BEACH, FL 33064 US																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 20-0284897			Applied For ☒ Not Applicable																										
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent WEINBERG, STEVEN 7805 SW 6TH COURT PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04

Date

(954) 968-7979

Daytime Phone #