2004 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT# P03000107520

1. Entity Name

TILE & MARBLE SILVA CORPORATION

Principal Place of Business	Mailing Address
12664 KENWOOD LANE #D	12664 KENWOOD LANE #D
FT. MYERS FL 33907	FT. MYERS FL 33907

2 Principal Place of Business	3 Mailing Address
Suite Apt.#, etc.	Suite. Apt. # etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **20-0266336** ☐ Applied For ☐ Not Applicable

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
TAX HOUSE CORPORATION	Name
11601 S CLEVELAND AVE SUITE6	Street Address (P.O. Box Number is Not Acceptable)
FT. MYERS FL 33907	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE:Registere Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW! FEE IS $150.00
After MAY 1, 2004 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 PD NAME DA SILVA, CARLOS STREET ADDRESS 12664 KENWOOD LANE #D CITY-ST-ZIP FORT MYERS, FL 33901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000159078 05/10/04-80015-015 150.00
TITLE VD NAME SILVA, FABIO S STREET ADDRESS 9842 BERNWOOD PL DR #301 CITY-ST-ZIP FORT MYERS, FL 33912	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/30/04 (239)275-8105