

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 12664 KENWOOD LANE #D FT. MYERS FL 33907 | Mailing Address 12664 KENWOOD LANE #D FT. MYERS FL 33907 |
|--|--|

| | |
|---|---|
| 2 Principal Place of Business Suite Apt. #, etc. City & State | 3 Mailing Address Suite, Apt. # etc. City & State |
|---|---|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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

5 Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TAX HOUSE CORPORATION
11601 S CLEVELAND AVE SUITE B
FT. MYERS FL 33907

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.

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

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 NAME STREET ADDRESS CITY-ST-ZIP | PD DA SILVA, CARLOS 12664 KENWOOD LANE #D FORT MYERS, FL 33901 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000159078 05/10/04-80015-015 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete VD SILVA, FABIO S 9542 BERNWOOD PL DR #301 FORT MYERS, FL 33912 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 807, 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