

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90386 026 ***150.00

DOCUMENT # P96000039879

1. Entity Name

WILLIE POINTER TILE, INC

DO NOT WRITE IN THIS SPACE

11039175

2. Principal Place of Business

904 ALLMAN AVE

Suite, Apt. #, etc.

3. Mailing Address

904 ALLMAN AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LEHIGH ACRES, FL

City & State

LEHIGH ACRES, FL

4. FEI Number

65-0673432

Applied For

Not Applicable

Zip

33971

Country

U.S.A.

Zip

33971

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name RUTH A. LOUBIER

Street Address (P.O. Box Number is Not Acceptable)

5245 BIG PINE WAY SUITE 101

City FORT MYERS

FL

Zip Code

33907

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WILLIE G. POINTER
904 ALLMAN AVE
LEHIGH ACRES, FL 33971

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Willie Pointer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIE G. POINTER

Date

4.29.03

Daytime Phone #

239-281-0302

CR2E034B (12/01)