

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90108 015 \*\*\*150.00

**DOCUMENT # 312089**  
 1. Entity Name  
**TILE CONTRACTORS SUPPLY COMPANY OF FLORIDA, INC.**

Principal Place of Business <b>4005 NW 97TH BLVD.          GAINESVILLE FL 32606          US</b>	Mailing Address <b>4005 NW 97TH BLVD.          GAINESVILLE FL 32606          US</b>
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number **59-1162409** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**OLSEN, S P**  
**1605 NW 68TH TERR**  
**GAINESVILLE FL 32605**

**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, 2002 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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WATSON, J R</b>	
STREET ADDRESS	<b>923 LINCOLN CIR.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>OLSEN, S.P. SR.</b>	
STREET ADDRESS	<b>1605 NW 68TH TERR.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>STUART, I. S.</b>	
STREET ADDRESS	<b>4301 W HWY 44</b>	
CITY-ST-ZIP	<b>LECANTO FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>OLSEN, S.P. JR</b>	
STREET ADDRESS	<b>5223 NW 49TH LANE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**SIGNATURE:** SVEND P. OLSEN (SVEND P. OLSEN) 4/25/02 352 3317133  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)