

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90050 041 ***550.00

00688334 AV

DOCUMENT # 312089

1. Entity Name
TILE CONTRACTORS SUPPLY COMPANY OF FLORIDA, INC.



Principal Place of Business
4005 NW 97TH BLVD.
GAINESVILLE FL 32606
US

Mailing Address
4005 NW 97TH BLVD.
GAINESVILLE FL 32606
US



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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Inger M. Stuart
Street Address (P.O. Box Number is Not Acceptable)
9096 E Pinehurst Ct
City Inverness FL Zip Code 34450

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 *Inger M. Stuart* Inger M. Stuart DATE 6-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Inger M. Stuart* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 6-24-03 DAYTIME PHONE # 352-746-5475

CR2E034 (10/02)