2002 UNIFORM BUSINESS REPORT (UBR)

Mar 27, 2002 8:00 am Secretary of State DOCUMENT # 370270 1. Entity Name 03-27-2002 90072 042 ***150.00 VINCE'S TILE & FLOOR COVERING, INC. Principal Place of Business Mailing Address 116 SKYWOOD DR B0048744 116 SKYWOOD DR VALRICO FL 33594 VALRICO FL 33594 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1310859 Not Applicable Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERTOMEU, VINCENT J Street Address (P.O. Box Number is Not Acceptable) 116 SKYWOOD DR VALRICO FL 33594 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) Addition TITLE ☐ Delete TITLE NAME BERTOMEU. LORRAINE NAME 116 SKYWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP TITLE **VPD** ☐ Delete TITLE Change ☐ Addition NAME BERTOMEU, JOSEPH J NAME STREET ADDRESS 1501 CHARLIE GRIFFIN RD STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33567 CITY-ST-ZIP TITLE PD ☐ Delete TITLE ☐ Change Addition NAME BERTOMEU, VINCENT J NAME STREET ADDRESS 116 SKYWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 TIT! F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED