

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90158 030 \*\*\*158.75

**DOCUMENT # 450809**

1. Entity Name  
**SIKES TILE DISTRIBUTORS, INC.**



Principal Place of Business  
**3498 N. E. 12TH AVE.  
POST OFFICE BOX 23038  
OAKLAND PARK FL 33307**

Mailing Address  
**3498 N. E. 12TH AVE.  
POST OFFICE BOX 23038  
OAKLAND PARK FL 33307**

Total

**90057171**



☐ CHECK HERE IF MAKING CHANGES

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 **59-1534762**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIKES, JR., LEON R  
3484 N.E. 12TH AVENUE  
OAKLAND PARK FL 33307**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	V	<input type="checkbox"/> Delete
NAME	TRAMONTANA, THOMAS	
STREET ADDRESS	425 AVON ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BRUCE, WILLIAM	
STREET ADDRESS	791 MONTEREY ROAD	
CITY-ST-ZIP	STUART FL 34994	
TITLE	P	<input type="checkbox"/> Delete
NAME	SIKES, LEON R., III	
STREET ADDRESS	3498 NE 12TH AVENUE	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GUILLIN, BERT	
STREET ADDRESS	3484 NE 12 AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	T	<input type="checkbox"/> Delete
NAME	MICHALOSKI, PAUL	
STREET ADDRESS	3498 N.E. 12TH PARK	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3498 N.E. 12TH AVE	
CITY-ST-ZIP	OAKLAND PARK, FL.	
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	VICE - PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES MITCHELL	
STREET ADDRESS	425 AVON ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL.	

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:

*Paul J. Michaloski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL J. MICHALOSKI

03/17/03

954-561-2446

Day

Daytime Phone #

CR2E034 (10/02)