~ FOR PROFIT CORPORATION USES REPORT (USE)

SIGNATURE:

UNIFORM BUSIN	ESS REPORT	' (UBR)	
DOCUMENT # F01651			In I have D
BAY AREA TILE,	INCr		02 NOV 15 PM 12: 26
DO NOT WRITE	IN THIS SE	PACE	SECRETARY OF STATE ALLAHASSEE, FLORIDA
2. Principal Place of Business HD1 157 ST S.W. Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 56 Suite, Apt. #, etc.	<i>-</i> 52	DO NOT WRITE IN THIS SPACE
City & State	Sun City Center	F١	4. FEI Number Applied For 59 - 2031990 Not Applicable
Zip Country US	33571	Country U.S	5. Certificate of Status Desired S8.75 Additional Fee Required
DO NOT W IN THIS SE	PACE	Name Street Address	15t.5t., S.W. SV.N FL 33570
8. The above named entity submits this statement for	or the purpose of changing its r	egistered office or regist	tered 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 requir	ired when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After May 1 Amended Make Check Payable	y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of Si	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE DP BUKRKUHL,		TITLE	
NAME WAT IST ST S.W.		NAME	800009168018 11/22/0201041010 **150.00
CITY-ST-ZIP RUSKIN FL 33570		STREET ADDRESS CITY-ST-ZIP	117 227 02 010 41 - 010 ***150.100
TITLE C TOATE LOSI !		TITLE	/ //// / / / / / / / / / / / / / / / /
STREET ADDRESS 1407 15T ST SW		NAME 'STREET ADDRESS	
CITY-ST-ZIP RUSKIN FI 33570		CITY-ST-ZIP	
TITLE NAME VD COATS, KEVIN E STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		TITLE NAME	
STREET ADDRESS 1407 15 ST	S.W.	STREET ADDRESS	DO NOT MADITE
CITY-ST-ZIP PUSKIN FL	33570	CITY-ST-ZIP	DO NOT WRITE
NAME		TITLE :	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE		TITLE	
NAME STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	į
TITLE		TITLE	
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emp attachment with an address, with all other like em	owered to execute this report	ne exemption stated in Si signature shall have the as required by Chapter 6	section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or on an

Daytime Prione #

Date

100 Ms. Milligan en hospitalized Octo Dug. My Please find my application and check inclosed. I know this is asking a great deal but please give every consideration to wairing the late fee and accept my for profit corporation uniform business report. I don't know from day to day where fill be is