

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

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90006 030 ***150.00

DOCUMENT # H95356	
1. Entity Name	
B AND J TILE OF JACKSONVILLE INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1380 SCOTT RD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SWITZERLAND, FL		City & State	
Zip 32259	Country	Zip	Country

40032871

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2630597		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name BRENT SCOTT	
Street Address (P.O. Box Number is Not Acceptable) 1380 SCOTT RD	
City SWITZERLAND	Zip Code 32259

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**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRENT SCOTT 1380 SCOTT RD SWITZERLAND, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT VICKI SCOTT 1380 SCOTT RD SWITZERLAND, FL 32259
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 710-5048

Daytime Phone #