

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90188 041 ***150.00

DOCUMENT # J07878

1. Entity Name
JIM'S TILE, INC.



Principal Place of Business

~~219 S OSCEOLA ST~~
~~BEVERLY HILLS FL 34405~~
US

Mailing Address

~~219 S OSCEOLA ST~~
~~BEVERLY HILLS FL 34405~~
US

2. Principal Place of Business

344 N BRIGHTON RD
Suite, Apt. #, etc.

3. Mailing Address

344 N BRIGHTON RD
Suite, Apt. #, etc.

City & State

LECLANTO FL

City & State

LECLANTO FL

Zip

34461

Country

Zip

34461

Country

CITRUS

4. FEI Number

59-2669176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNOLLY, JAMES F.

~~785 N. HOLLYWOOD CIR.~~

~~CRYSTAL RIVER FL 34429~~

344 N BRIGHTON RD
LECLANTO, FL 34461

7. Name and Address of New Registered Agent

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

Imelda A. Connolly
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-14-03

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

TITLE **PD** ☐ Delete
NAME **CONNOLLY, JAMES F.**
STREET ADDRESS ~~219 S OSCEOLA ST~~
CITY-ST-ZIP ~~BEVERLY HILLS FL 34405~~

TITLE **STD** ☐ Delete
NAME **CONNOLLY, IMELDA A.**
STREET ADDRESS ~~219 S OSCEOLA ST~~
CITY-ST-ZIP ~~BEVERLY HILLS FL 34405~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **344 N, BRIGHTON RD**
CITY-ST-ZIP **LECLANTO, FL 34461**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **344 N, BRIGHTON RD**
CITY-ST-ZIP **LECLANTO, FL 34461**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Imelda A. Connolly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IMELDA A. CONNOLLY

2-14-03

Date

Daytime Phone #

(352) 344-9436

CR2E034 (10/02)