FILED

Jan 08, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J95289 **Secretary of State** 1. Entity Name ₹ 01-08-2002 90006 003 ***150.00 ANDY GIBSON CERAMIC TILE & MARBLE, INC. Principal Place of Business Mailing Address 8809 S E WATER OAK PLACE 8809 S E WATER OAK PLACE TEQUESTA FL 33469-1811 TEQUESTA FL 33469-1811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0070824 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIBSON, ANDREW Street Address (P.O. Box Number is Not Acceptable) 8809 S E WATER OAK PLACE TEQUESTA FL 33469-1811 City Zio Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GIBSON, ANDREW J. NAME STREET ADDRESS 8809 S E WATER OAK PLACE STREET ADDRESS CR2E034 CITY-ST-ZIP TEQUESTA FL 33469-1811 CITY-ST-ZIP TITLE Delete DST TITLE ☐ Change ☐ Addition NAME GIBSON, SANDRA K. NAME STREET ADDRESS 8809 S É WATER OAK PLACE STREET ADDRESS CITY-ST-ZIP TEQUESTA FL 33469-1811 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GIBSON, CHRISTIAN A NAME STREET ADDRESS 8809 SE. WATER OAK PLACE STREET ADDRESS CITY-ST-ZIP TEQUESTA FL 33469-1811 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE:

CITY-ST-7IPs

STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

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 changed, or on an attach that my name appears in Block 11 or Block 12 if the province of the corporation or the receiver or trustee empowered.

TITLE

NAME STREET ADDRESS

☐ Delete

(561) 747. 1830

☐ Change

Addition