

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000860

1. Entity Name

EURO-TILE, LLC

Principal Place of Business

12734 Kenwood Lane, Suite 8  
Fort Myers, FL 33907

Mailing Address

12734 Kenwood Lane, Suite 8  
Fort Myers, FL 33907

2. Principal Place of Business

6100 Mid Metro Drive

3. Mailing Address

6100 Mid Metro Drive

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

Suite 7

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33912

Country

USA

Zip

33912

Country

USA

4. FEI Number

65-0974859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Tschernitz, Peter A.  
12734 Kenwood Lane, Suite 8  
Fort Myers, FL 33907

7. Name and Address of New Registered Agent

Name  
Tschernitz, Peter A.  
Street Address (P.O. Box Number is Not Acceptable)  
6100 Mid Metro Drive, Suite 7  
City  
Fort Myers FL Zip Code  
33912

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.

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

800004325948--2  
-05/29/01--01132--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME Tschernitz, Peter A.  
STREET ADDRESS 12734 Kenwood Lane, Suite 8  
CITY-ST-ZIP Fort Myers, FL 33907

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM/PST ☒ Change ☐ Addition  
NAME Tschernitz, Peter A.  
STREET ADDRESS 6100 Mid Metro Drive, Suite 7  
CITY-ST-ZIP Fort Myers, FL 33912

TITLE VP ☐ Change ☒ Addition  
NAME Madden, Joseph M., Jr.  
STREET ADDRESS 6100 Mid Metro Drive, Suite 7  
CITY-ST-ZIP Fort Myers, FL 33912

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

PETER A. TSCHERNITZ, PRESIDENT, SOLE MEMBER

4/18/01

Date

941/936-3881

Daytime Phone #

FILED

2001 MAY -2 AM 11:31

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)