

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

03-26-2002 90097 032 ****50.00

DOCUMENT # L01000012004

1. Entity Name

FLORIDA TILE & STONE LLC

Principal Place of Business

1151 ELM ST
OVIEDO FL 32765

Mailing Address

1151 ELM ST
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593734440

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLAGIEWICZ, ANDREW M
1151 ELM ST
OVIEDO FL 32765

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete
 NAME **ANDREW WOLAGIEWICZ**
 STREET ADDRESS **497 SUN LAKE CIR 115**
 CITY- ST- ZIP **LAKE MARY FL 32746**

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

TITLE **V-PRESIDENT** ☐ Delete
 NAME **LARRY HENDERSHOT**
 STREET ADDRESS **1151 ELM ST**
 CITY- ST- ZIP **OVIEDO FL 32765**

☐ Change ☐ Addition
 TITLE
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 CITY- ST- ZIP

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 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: *Andrew M Wolagiewicz*

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

3/12/02

407-688-1233

Date

Daytime Phone #

CR2083 (9/01)