

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90060 039 ***150.00

DOCUMENT # **LS1895**
1. Entity Name
Mars Tropical Tile, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1951 S. McCall Rd.
Suite, Apt. #, etc.
580
City & State
Englewood FL
Zip
34223 Country
USA

3. Mailing Address
1951 S McCall Rd.
Suite, Apt. #, etc.
580
City & State
Englewood FL
Zip
34223 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0181479
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Mars Patrick
Street Address (P.O. Box Number is Not Acceptable)
1951 S. McCall Rd.
City
Englewood FL Zip Code
34223

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 _____ DATE _____
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 Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mars Patrick 1951 S McCall Rd. Englewood, FL 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mars Esther 1951 S McCall Rd. Englewood, FL 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Trivison, Laura 1951 S. McCall Rd. Englewood, FL 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Laura Trivison** **4-22-02 (941) 475-7919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)