2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M25234

1. Entity Name
TILE IMPORT OF PALM BEACH, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 SEP 17 AM 11:01

Principal Place of Business	Mailing Address
TITLE DEPOT OF PASCO 14516 US HWY 19 HUDSON FL 34667 US	9287 NEW ORLEANS DR BROOKSVILLE FL 34613

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
TILE DEPOT OF PASCO	
Suite, Apt. #, etc. 5535 S.R. 54	Suite, Apt. #, etc.
City & State NEW PORT RICHEY, FL.	City & State
Zip: 34652 Country: USA	Zip / Country

4. FEI Number 59-2618611 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARNETT, MARY E. 14516 US HWY 19 HUDSON FL 34667	Name: BARNETT, PAUL Street Address (P.O. Box Number is Not Acceptable): 5535 S.R. 54 City: NEW PORT RICHEY, FL Zip Code: 34652

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 Paul Barnett 9-11-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BARNETT, MARY E. 14516 US HWY 19 HUDSON FL 34667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BARNETT, PAUL 5535 S.R. 54 NEW PORT RICHEY, FL. 34652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SP	☐ Change ☐ Addition

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 Block 12 if changed, or on an attached with an addition with all other like empowered.

SIGNATURE: Paul Barnett PAUL BARNETT 8-22-01 727-842-9845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #