

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90127 043 \*\*\*158.75

**DOCUMENT # M42212**

1. Entity Name  
**SAN TILE, INC.**



Principal Place of Business

~~4209 US HWY 90 WEST~~  
~~201~~  
**LAKE CITY FL 32055**  
**US**

Mailing Address

~~4209 US HWY 90 WEST~~  
~~201~~  
**LAKE CITY FL 32055**  
**US**

2. Principal Place of Business

**2109, W. US Hwy 90, Ste 170-201**  
Suite, Apt. #, etc.

3. Mailing Address

**2109, W. US Hwy 90, Ste 170-201**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Lake City, FL**

Zip

**32055**

Country

**USA**

City & State

**Lake City, FL**

Zip

**32055**

Country

**USA**

4. FEI Number

**59-2745197**

Applied For

☐ Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LABOSSIERE, MARC**  
**1222 NE 4TH AVE**  
**FT LAUDERDALE, FL**  
**HOLLYWOOD FL 33304**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **ST FALARDEAU, DIANE**  
STREET ADDRESS ~~4209 US HWY 90 WEST #201~~  
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Delete  
NAME **PC CHOUINARD, ALAIN**  
STREET ADDRESS ~~4209 US HWY 90 WEST #201~~  
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Delete  
NAME **VP LAROCHELLE, PIERRE**  
STREET ADDRESS ~~4209 US HWY 90 WEST~~  
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2109, W. US Hwy 90, Ste 170-201**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2109, W. US Hwy 90, Ste 170-201**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2109, W. US Hwy 90, Ste 170-201**  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**DIANE FALARDEAU**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/03 (386)397-4856**  
Date Daytime Phone #

CR2E034 (10/02)