

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 29, 2002 8:00 am
Secretary of State

09-29-2002 90002 027 ***750.00

DOCUMENT # P00000007324

1. Entity Name
G & G TILE INSTALLATION, INC.

Principal Place of Business 1973 S.W. CASTINET LN. PORT ST. LUCIE FL 34953	Mailing Address 1973 S.W. CASTINET LN. PORT ST. LUCIE FL 34953
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10302 South FED HWY	3. Mailing Address 10302 S FEDERAL HWY
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Suite, Apt. #, etc. # 322	Suite, Apt. #, etc. # 322
City & State PORT ST-LUCIE FL	City & State PORT ST-LUCIE FL

4. FEI Number 65-0981123	Applied For <input type="checkbox"/> Not Applicable
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Zip 34952	Country USA	Zip 34952	Country USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent THIBAUT, GISELE 1973 S.W. CASTINET LN. PORT ST. LUCIE FL 34953 <i>Gisele Thibaut</i>	7. Name and Address of New Registered Agent Name GISELE THIBAUT Street Address (P.O. Box Number is Not Acceptable) 10302 S FEDERAL HWY #322 PORT ST-LUCIE FL USA 34952 City FL Zip Code
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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 _____ 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)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	D THIBAUT, GISELE 1973 S.W. CASTINET LN. PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMASSIN, GAETAN 1973 S.W. CASTINET LN. PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE: *Gisele Thibaut*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-02
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

874165

P00000007324

9-25-02.

I NEVER RECEIVED THOSE
PAPERS, I MOVED LAST YEAR
IN december, MAKE SURE
YOU ARE DOING MY change
OF address

Justin Harris