2/

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000019362 1. Entity Name TILE CREATIONS, INC.					FILED Feb 26, 2001 8:00 an Secretary of State 02-01-2001 90099 041 ***150.00				
Principal Place of Business 2526 W SCARLET OAK CT SARASOTA FL 34232		Mailing Address 2526 W SCARLET OAK CT SARASOTA FL 34232				275;	2 3	VIII 1/41 /280/	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPAC	E		
City & State		City & State			4. F	65-0982336		olied For Applicable	
Zip Country		Ζip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	·		7. N	ame and Address of New Registered Agen			
2526	MAK, GEORGE III W SCARLET OAK CT ASOTA FL 34232	i guert amen et europe et en		Street Address (F	P.O. B	ox Number is Not Acceptable)	-		
			<u> </u>	City	FL Zip Code				
Tax filling ((See crite	Signature, typed or printed name of registered agent praction is eligible to satisfy its intangible requirement and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payal	III FEE K 001 Fee w ole to Dep	vill be \$550.00	te		Added) May Be to Fees	
11.	OFFICERS AND		12.	Cor				Addition 8	
NAME STREET ADDRESS CITY-ST-ZIP	George Cernak, III 0536 W. Scarlet Oak Ct. Sarasota, R. 34+32			ADDRESS 25	Secretary Treasurer Change Addition Earnic L. Cermak 3526 W. Scarlet Oak Ct. Sarasota, F2 34232				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Delete Carric L. Cermak 2526 W. Scarlet Cak Ct. Sarasota, FZ 34232		TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			Change	Addition 8	
TITLE NAME STREET ADDRESS	347-450-74	Delete"		ADDRESS			Change -:	: Addition::; 🗷	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Defate	CITY-S IITLE NAME STREET CITY-S	ADDRESS	· ·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	CITY-S				Change	Addition	
indicated	d on this report or supplemental report reporation or the receiver or truster single, t, or on an attachment with an appress	ny true and accurate and that report	as require	d by Chapter 607	ection same I	19.07(3)(i), Florida Statutes. I further certify the egal effect as if made under oath; that I am at a Statutes; and that my name appears in Blo	ck 11 or	Block 12 if	