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FILED
Sep 12, 2001 8:00 am
Secretary of State

07-24-2001 90028 016 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038839

1. Entity Name
TILE WHOLESALERS INC.

Principal Place of Business	Mailing Address
3625 B PROSPECT AVE. RIVIERA BCH FL 33404	3625 B PROSPECT AVE. RIVIERA BCH FL 33404

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3609 Prospect Ave	3609 Prospect Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riviera Bch FL	City & State: Riviera Bch FL
Zip: 33404 Country: US	Zip: 33404 Country: US

4. FEI Number 65-1001487 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ISAACSON, CHAD
3868 43RD DR.
LAKE WORTH FL 33464

7. Name and Address of New Registered Agent
Name: David Quigley
Street Address (P.O. Box Number is Not Acceptable): 1649 W 26th St #3
City: Riviera Bch FL Zip Code: 33404

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 ______________________
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 $550.00
After September 12, 2001 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	PD ISAACSON, CHAD 3868 43RD DR. LAKE WORTH FL 33464	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Quigley, David 1649 W 26th St unit 3 Riviera Bch FL 33404	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDEN, RANDY 148 KINGSWAY ROYAL PALM BCH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ben Williams Vice President 3870 43rd Dr. Lake Worth FL 33461	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

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: SIGNATURE REQUIRED 7-14-01 561 840-1910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8-5-01

9-4-01