

4/10/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

04-10-2001 90060 035 ***150.00

DOCUMENT # P00000055583

1. Entity Name
EAGLE TILES & MARBLE CORP.

Principal Place of Business
**914 ABRAMS BLVD.
LEHIGH ACRES FL 33971**

Mailing Address
**914 ABRAMS BLVD.
LEHIGH ACRES FL 33971**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
914 Abrams Blvd
Suite, Apt. #, etc. *house*

3. Mailing Address
914 Abrams Blvd
Suite, Apt. #, etc. *house*

City & State
Lehigh Acres Fla.
Zip
33971
Country
Fl. mgor

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Lehigh Acres Fla.
Zip
33971
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Fl. mgor.

4. FEI Number
050524311
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

ROMERO, JACKIE
914 ABRAMS BLVD.
LEHIGH ACRES FL 33971

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.

SIGNATURE *[Signature]* (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	<i>Eagle Tiles & Marble Corp. Oscar O. Escalon (owner) 914 Abrams Blvd Lehigh Acres Fla. 33971</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Eagle Tiles & Marble Corp. Jackie J. Romero (vice presd.) 914 Abrams Blvd Lehigh Acres Fla. 33971</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* *Oscar Escalon* *03/15/01* *941-332-1496 (5-att)*
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR Date Daytime Phone #