5/14/2002-90363-044-$150.00-$150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 28, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P00000066219

1. Entity Name
Mowatt Tiles Incorporated.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2450 NW 183 St	2450 NW 183 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Opa Locka FL 33056	City & State: Opa Locka FL 33056
Zip: 33056 / Country: Dade	Zip: 33056 / Country: Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1029014 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Clifton Mowatt
Street Address (P.O. Box Number is Not Acceptable): 2450 NW 183 St
City: Opa Locka **FL** Zip Code: 33056

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 ____________ DATE 04/26/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	Clifton P Mowatt
STREET ADDRESS	2450 NW 183 St
CITY-ST-ZIP	Opa Locka FL 33056
TITLE	V
NAME	Stacy Swaby
STREET ADDRESS	2450 NW 183 St
CITY-ST-ZIP	Opa Locka FL 33056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

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****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Clifton Mowatt 04/25/02 305-623-2733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #