

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

04-28-2003 91837 038 ***158.75

DOCUMENT # P00000066738

1. Entity Name

~~GERMAN TILE CRAFTSMANSHIP, INC.~~

B & J's Quality Craftsmanship, Inc.

Principal Place of Business
18688 AUTUMN LAKE BLVD.
HUDSON FL 34687

Mailing Address
18688 AUTUMN LAKE BLVD.
HUDSON FL 34687

2. Principal Place of Business

3. Mailing Address

P.O. Box 3157

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Spring Hill Florida

Zip

Country

Zip

Country

34611

Pasco

4. FEI Number 59-3699571

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

JACOBSON, RICHARD A
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

Joerg Erich Knoche

Street Address (P.O. Box Number is Not Acceptable)

18688 AUTUMN LAKE BLVD.

City HUDSON

FL

Zip Code

34667

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

JOERG E. KNOCHE DPST *Joerg Knoche*

05/20/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST
NAME KNOCHE, JOERG
STREET ADDRESS 18688 AUTUMN LAKE BLVD.
CITY-ST-ZIP HUDSON FL 34687 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joerg Knoche **Signature Required**

04-23-03

727-862-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)