2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State
01-30-2002 90010 008 ***150.00

DOCUMENT # P00000070292

1. Entity Name
TILE WORLD CORPORATION

Principal Place of Business	Mailing Address
1460 E SR 436 ALTAMONTE SPRINGS FL 32701	1460 E SR 436 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5126 Keeneland Circle Suite, Apt. #, etc.	5126 Keeneland Circle Suite, Apt. #, etc.
Orlando, FL City & State	Orlando, FL City & State
32819-3146 USA Zip Country	32819-3146 USA Zip Country

4. FEI Number 65-1026214 ☐ 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
NICHOLIS, JORGE 1460 E SR 436 ALTAMONTE SPRINGS FL 32701	Name Street Address (P.O. Box Number is Not Acceptable) 5126 Keeneland Circle City: Orlando FL Zip Code: 32819-3146

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 $150.00
After May 1, 2002 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	PTD SCHNEIDER, ROLAND 1460 E SR 436 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SCHNEIDER, ROLAND 5126 Keeneland Circle Orlando, FL 32819-3146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHNEIDER, ASTRID 1455 MARTINIQUE CT #6516 WESTON FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHNEIDER, ASTRID 5126 Keeneland Circle Orlando, FL 32819-3146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NICHOLLS, JORGE 1460 E SR 436 ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NICHOLLS, JORGE 5126 Keeneland Circle Orlando, FL 32819-3146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: _____ 01-14-02 407-822-3890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #