FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P00000093569

1. Entity Name

ABSOLUTE TILE & STONE, INC

DO NOT WRITE IN THIS SPACE

600021745916
07/23/03--01050--002 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9000 NW 8TH ST.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State
Zip: 33024. Country: US	Zip / Country

4. FEI Number: 65-1044377 ☐ 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: ROBERT FAULKENER.

Street Address (P.O. Box Number is Not Acceptable): 9000 NW 8TH ST.

City: PEMBROKE PINES FL Zip Code: 33024

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 [signature]

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	PRESIDENT.
NAME	ROBERT FAULKENER
STREET ADDRESS	9000 NW 8TH ST.
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600021745916
07/23/03--01050--001 **8.75

600021745916
07/23/03--01050--003 **150.00

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600021745916
07/23/03--01050--004 **150.00

CR2E034B (12/02)

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

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JULY 14, 2003

DIVISIONS OF CORPORATIONS
REF:P00000093569
ABSOLUTE TILE & STONE INC.

TO WHOM IT MAY CONCERN: I NEVER RECEIVED A FORM IN 2001 1ST OR 2ND NOTICE. PLEASE WAIVE THE REINSTATEMENT FEE OF $600.00.

ROBERT FAULKNER