

**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

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

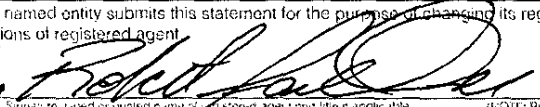
600021745916
07/23/03--01050--002 **150.00

DO NOT WRITE IN THIS SPACE

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 FAULKNER	
	Street Address (P.O. Box Number is Not Acceptable) 9000 NW 8TH ST.	
	City PEMBROKE PINES	Zip Code FL 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.

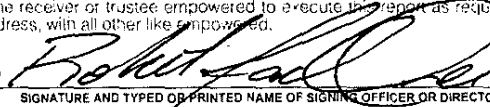
SIGNATURE:  DATE: _____

Signature typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when registering)

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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT. ROBERT FAULKNER 9000 NW 8TH ST. PEMBROKE PINES, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600021745916 07/23/03--01050--001 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600021745916 07/23/03--01050--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600021745916 07/23/03--01050--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 the 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:  DATE: _____ DAYTIME PHONE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

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.

A handwritten signature in black ink, appearing to read "Robert Faulkner", written in a cursive style.

ROBERT FAULKNER