

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90602 007 ***150.00

DOCUMENT # P00000103597

1. Entity Name
S.R. TILE EXPERTS, CORP.



Principal Place of Business
**1147 DENNIS AVE
ORLANDO FL 32807**

Mailing Address
**1147 DENNIS AVE
ORLANDO FL 32807**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3670956**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERA, SAMUEL
1147 DENNIS AVE.
ORLANDO FL 32807**

Name **Rivera, Samuel**
Street Address (P.O. Box Number is Not Accepted) **1147 Dennis Ave.**
Orlando, FL 32807
City **FL** Zip Code

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]* (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 **PVST** ☐ Delete
NAME **RIVERA, SAMUEL**
STREET ADDRESS **1147 DENNIS AVE.**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☒ Change ☐ Addition
NAME **Rivera, Samuel**
STREET ADDRESS **1147 Dennis Ave.**
CITY-ST-ZIP **Orlando, FL 32807**

TITLE **D** ☐ Delete
NAME **RIVERA, SAMUEL**
STREET ADDRESS **1147 DENNIS AVE.**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☒ Change ☐ Addition
NAME **Rivera, Samuel**
STREET ADDRESS **1147 Dennis Ave.**
CITY-ST-ZIP **Orlando, FL 32807**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 407 275.9614
Date Daytime Phone #

0106737 AV

CR2E034 (10/02)