

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

0061029 AV

03-15-2002 90012 040 \*\*\*150.00

DOCUMENT # P00000117390

1. Entity Name  
**ROD RODARTE TILE INSTALLATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**C/O ROD RODARTE**  
**1915 SE HILLMOOR DR APT 70**  
**PORT ST LUCIE FL 34952**

Mailing Address  
**C/O ROD RODARTE**  
**1915 SE HILLMOOR DR APT 70**  
**PORT ST LUCIE FL 34952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-1003784

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RODARTE, ROD**  
**C/O THE TAX SHOP**  
**1915 HILLMORE DR APT 78**  
**PORT ST LUCIE FL 34983**

Name

**ROD RODARTE**

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

**1915 HILLMORE DR.**

City

**PORT ST LUCIE****FL**

Zip Code

**34983**

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

**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

**P.**  
**RODARTE, ROD**  
**1915 HILLMORE DRIVE**  
**PORT ST LUCIE FL 34950**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)