2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State
03-22-2002 90020 010 ***150.00

0599805 AT

DOCUMENT # P01000012133

1. Entity Name
MASTER SET TILE CO., INC.

Principal Place of Business	Mailing Address
1725 49TH AVENUE EAST BRADENTON FL 34203	1725 49TH AVENUE EAST BRADENTON FL 34203

B0046241

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7420 253RD ST. E.	P.O. BOX 1404
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MYAKKA CITY, FL	City & State: ONECO, FL
Zip: 34251 Country: MANATEE	Zip: 34264 Country: MANATEE

4. FEI Number 65-1080235 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILD, SALLY
1725 49TH AVENUE EAST
BRADENTON FL 34203

7. Name and Address of New Registered Agent

Name: STEPHANIE MADDOX
Street Address (P.O. Box Number is Not Acceptable): 7420 253RD ST E
City: MYAKKA FL Zip Code: 34251

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: Stephanie Maddox DATE: 3/7/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: D NAME: GROBLESKI, CHESTER STREET ADDRESS: 1725 49TH AVENUE EAST CITY-ST-ZIP: BRADENTON FL 34203	☐ Delete	TITLE: P NAME: CHESTER GROBLESKI STREET ADDRESS: 7420 253RD ST E CITY-ST-ZIP: MYAKKA CITY, FL 34251	☒ 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: SIGNATURE REQUIRED [signature] 3-7-02 941 3229688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #