Feb 06, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

## P01000023191 DOCUMENT # **Secretary of State** 1. Entity Name 02-06-2002 90052 036 \*\*\*150 00 STONEWALL TILE AND MARBLE, INC. Principal Place of Business Mailing Address 14607 87 STREET 14607 87 STREET LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address PGA 2555 2555 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Cc+ 88 Car City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3410 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAPUIS, PIERRE C 2555 PGA Blod. (60,6 88) PBG Fl. 33410 Street Address (P.O. Box Number is Not Acceptable) 16407 87 STREET LOXAHATCHEE FL 33470 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 Pierre Chapvil Signature, typed or printed name Pregistered agent and title if applicable equired when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11.5 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Pres. / Secr. TITLE ☐ Delete CHAPUIS, PIERRE C NAME Chapuis 2555 PGA Blud (Cot 88) 14607 87 STREET STREET ADDRESS STREET ADDRESS **LOXAHATCHEE FL 33470** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE CHAPUIS, PIERRE C NAME NAME STREET ADDRESS 14607 87 STREET STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **X** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 33460 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an addre

DESIGNING OFFICER OF DIRECTOR Days Destine Phone #