

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-24-2002 90379 049 ***150.00

DOCUMENT # P01000024170

1. Entity Name

TILE CONNECTION OF SARASOTA INC.

Principal Place of Business

**7056 SADDLE CREEK LANE
 SARASOTA FL 34241**

Mailing Address

**7056 SADDLE CREEK LANE
 SARASOTA FL 34241**

2. Principal Place of Business

3800 JULIA FRANCA

3. Mailing Address

P.O. BOX 18623

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FLA

City & State

SARASOTA, FL

Zip

34239

Country

U.S.A.

Zip

34276

Country

U.S.A.

4. FEI Number

65-1083105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CARLIN, EDWARD M SR
 7056 SADDLE CREEK LANE
 SARASOTA FL 34241**

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CARLIN, EDWARD M SR	
STREET ADDRESS	7056 SADDLE CREEK LANE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLIN, MARGARET M	
STREET ADDRESS	7056 SADDLE CREEK LANE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Reside	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlin, Edward M. SR.	
STREET ADDRESS	P.O. BOX 18623	
CITY-ST-ZIP	SARASOTA, FL 34276	
TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlin, Margaret M.	
STREET ADDRESS	P.O. BOX 18623	
CITY-ST-ZIP	SARASOTA, FL 34276	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

4/15/02 941-926-2471

Date

Daytime Phone #

CR2E034 (9/01)