2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000028791



FILED Mar 19, 2003 8:00 am Secretary of State

WATERS	STONE BRICK & TILE, INC.			03-19-2003 90109 002 ***150.00
Principal Place of Business 955 AIRPORT RD SUITE 1111 DESTIN FL 32541		Mailing Address 955 AIRPORT RD SUITE DESTIN FL 32541	E 1111	
2. Principal	Place of Business	3. Mailing Address		
		o. Maning Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3707774 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
AQUILINO, JULIANA				
	EDERAL HWY		Street Addres	ss (P.O. Box Number is Not Acceptable)
POMPAN	O BEACH FL 33604			
			City	FL Zip Code
8. The above the obliga	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a			
	FILE NOW!!! FEE IS \$150.00	no title it applicable. (NOT	TE: Registered Agent signature requ	ired when reinstating) DATE
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution. Added to Fees
10.	OFFICERS AND I		I 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	PVST RIBEIRO, FRANCINO S 955 AIRPORT RD SUITE 1111	☐ Delete	TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBEIRO, FRANCINO S 955 AIRPORT RD SUITE 1111 DESTIN FL 32541	□ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS -		☐ Delete	TITLE NAME	☐ Change ☐ Addition
CITY-ST-ZIP			STREET ADDRESS	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Additio
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME Street address City-St-Zip		<u></u>	NAME STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP	<u> </u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated a of the core	ertify that the information supplied with the on this report or supplemental report is transcration or the receiver or trustee empower on an attachment with an address, with the contract of	ered to avacuta this conact of	STREET ADDRESS CITY-ST-ZIP the exemption stated in 8	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7. Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE: