

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91905 036 \*\*\*158.75

**DOCUMENT # P01000039965**

**1. Entity Name**  
**WAYNE'S TILE & MARBLE INC.**



**Principal Place of Business**  
**2720 SOMMERSET DR. SUITE W-200**  
**LAUDERDALE LAKES FL 33311**

**Mailing Address**  
**2720 SOMMERSET DR. SUITE W-200**  
**LAUDERDALE LAKES FL 33311**



**2. Principal Place of Business**  
**9999 SUMMERBREEZE DR**

**3. Mailing Address**  
**9999 SUMMERBREEZE DRIVE**

**Suite, Apt. #, etc.**  
**SUITE 322**

**Suite, Apt. #, etc.**  
**SUITE 322**

**City & State**  
**SUNRISE, FL**

**City & State**  
**SUNRISE, FL**

**4. FEI Number**  
**65-1101404**

**Applied For**  
**Not Applicable**

**Zip**  
**33322**

**Country**  
**USA**

**Zip**  
**33322**

**Country**  
**USA**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WILLIAMS, WAYNE M**  
**2720 SOMMERSET DR, SUITE W-200**  
**LAUDERDALE LAKES FL 33311**

**7. Name and Address of New Registered Agent**

**Name**  
**WILLIAMS, WAYNE M**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**9999 SUMMERBREEZE DRIVE**  
**SUITE 322**  
**City**  
**SUNRISE** **FL** **Zip Code**  
**33322**

**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. I am familiar with, and accept the obligations of registered agent.**

**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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> <b>Delete</b> <b>WILLIAMS, WAYNE M</b> <b>2720 SOMMERSET DR, SUITE W-200</b> <b>LAUDERDALE LAKES FL 33311</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <b>WILLIAMS, WAYNE M</b> <b>9999 SUMMERBREEZE DRIVE, STE 322</b> <b>SUNRISE, FL 33322</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** WILLIAMS, WAYNE M  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2003 954-599-5592  
Date Daytime Phone #

CR2E034 (10/02)