


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90169 028 ***150.00

DOCUMENT # P01000049774	
1. Entity Name SON TOUCHED TILE, INC.	

Principal Place of Business 5964 MASHIE CIRCLE NORTH PORT FL 34287	Mailing Address 5900 S. TAMIAMU TRAIL STE 1 SARASOTA FL 34231
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1104191	<input type="checkbox"/> CHECK HERE IF MAKING CHANGES
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent
ASTRONSKAS, CATHERINE L 5900 S TAMIAMU TRAIL SUITE I SARASOTA FL 34231

7. Name and Address of New Registered Agent
Name CATHERINE L. TRACY
Street Address (P.O. Box Number Is Not Acceptable) 5900 S. TAMIAMU TRAIL
City SARASOTA FL Zip Code 34231

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 <u>Catherine L. Tracy</u> DATE <u>2-11-03</u>

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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CASEY, GEORGE A III 5964 MASHIE CIRCLE NORTH PORT FL 34287 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, RAFAEL R 3504 N. BENEVA RD., APT. C SARASOTA FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
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SIGNATURE: <u>George A. Casey III</u>	<u>2/17/03</u>	<u>941-416-0368</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034 (10/02)