2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P01000061099

1. Entity Name

CARLOS TILE, INC.

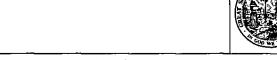
Principal Place of Business

4222 9TH ST. NORTH

Suite, Apt. #, etc.

City & State

Zip



4222 9TH ST. NORTH

Mailing Address

ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703 2. Principal Place of Business 3. Mailing Address

> Suite, Apt. #, etc. City & State

FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90150 041 ***150.00



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<u> </u>				Applied F

4. FEI Numbe 59-3734294 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

Country

WILSON, DAVID A 1127 9TH ST. NORTH ST. PETERSBURG FL 33705

e		

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

City

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

Country

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

make Check	rayable to riotida departillent di State		•		ŀ
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUBENHOFER, LORI 4222 9TH ST. NORTH ST. PETERSBURG FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	noitippy CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, CARLOS 4222 9TH ST. NORTH ST. PETERSBURG FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition &
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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

SIGNATURE:

LORDBUBENHOFER