

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000072674

1. Entity Name

TILE MARBLE STONE, INC.

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

05-05-2003 91417 046 ***150.00

11040354

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
9088 W ATLANTIC BLVD #525 CORAL SPRINGS FL 33071		9088 W ATLANTIC BLVD #525 CORAL SPRINGS FL 33071			
2. Principal Place of Business		3. Mailing Address			
Suite Apt. #, etc.		Suite Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1125020	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOLCHINI, ARCIONE 9088 W ATLANTIC BLVD #525 CORAL SPRINGS FL 33071				Name TAX HOUSE CORPORATION Street Address (P.O. Box Number is Not Acceptable) 533 EAST SAMPLE ROAD City POMPANO BEACH FL Zip Code 33064	

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.

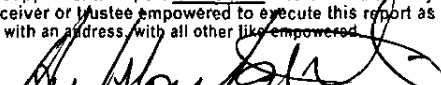
SIGNATURE  DATE **04/30/03**

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, 2003 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			12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOLCHINI, ARCIONE		NAME		
STREET ADDRESS	9088 W ATLANTIC BLVD #525		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE **04/30/03** (954) 821-8738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #