

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90122 029 ***150.00

0521011 AV

DOCUMENT # P01000079234

1. Entity Name

TILE CRAFT OF LAKELAND, INC.

Principal Place of Business

**1590 FIRST ST
SARASOTA FL 34236**

Mailing Address

**1590 FIRST ST
SARASOTA FL 34236**

2. Principal Place of Business

1011 Fair Winds Circle

Suite, Apt. #, etc.
#208

3. Mailing Address

1011 Fair Winds Circle

Suite, Apt. #, etc.
#208

City & State

Plant City, FL

Zip

33567

Country

USA

City & State

Plant City, FL

Zip

33567

Country

USA

4. FEI Number

65-1130258

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ENDRISS, JAMES W
1590 FIRST ST
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Kenneth Andreu

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

1011 Fair Winds Circle #208

City

Plant City

FL

Zip Code
33567

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

Kenneth W. Andreu

3/18/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Andreu	
STREET ADDRESS	1011 Fair Winds Circle #208	
CITY-ST-ZIP	Plant City, FL 33567	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dawn C. Heston	
STREET ADDRESS	1011 Fair Winds Circle #208	
CITY-ST-ZIP	Plant City, FL 33567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth W. Andreu

KENNETH W. ANDREU

Date

Daytime Phone #

CR2E034 (9/01)