

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90287 037 ***150.00

DOCUMENT # P01000083049**1. Entity Name**
BLUE-CHIPS TILES, INC.**Principal Place of Business**
8663 BAYPINE RD. SUITE 115
JACKSONVILLE FL 32256**Mailing Address**
8663 BAYPINE RD. SUITE 115
JACKSONVILLE FL 32256**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number☒ **Applied For**
☐ **Not Applicable**

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HEAGY, RICHARD H**
433 PLAZA REAL #275
BOCA RATON FL 33432

Name

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

City

FL

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.**SIGNATURE**

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PCTD Ketty Morales Mercado Manolo Tavares, Justo #26 Santo Domingo, Dominican Repub.		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S Richard Heagy 433 Plaza Real #275 Boca Raton, FL 33432		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V Oscar Mercado 8663 Baypine Rd., #115 Jacksonville, FL 32256		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V John Cline 8663 Baypine Rd., #115 Jacksonville, FL 32256		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:****SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Oscar Mercado****4/26/02 (904) 737 8220**

Date

Daytime Phone #

CR2E034 (9/01)