2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091554

1. Entity Name

FLORIDA'S FINEST TILE & MARBLE, INC.



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

04-25-2003 90329 006 ***158.75

Suffer POYDRAS LINE TAMPA FL 3835 2. Principal Place of Business 3. Missing Address 5. Suffer, Appl. #, etc. City & State C			•	S. WE TAS	/	
Suite, Api, F. etc. City & State City & State City & State Country Country Country Country S. Confidence of State Desired S. A. FEI Number 159-9746070 Applicable for Name Applicable S. Confidence of State Desired S. A. FEI Number 159-9746070 Applicable for Name S. Confidence of State Desired S. A. FEI Number 159-9746070 S. Confidence of State Desired S. Confidence of State Desired S. Confidence of State Desired S. Confidence of Name Registered Agent T. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O	Principal Place of Business 8401 POYDRAS LANE TAMPA FL 33635		8401 POYDRAS LANE			
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DOSAL, ALLEN JR 8401 POVDRAS LAKE TAMPA FL 33635 City FL Zip Code		S. Nome and Address of Curren	t Pagistered Agent	<u> </u>		
BAOL POYDRAS LANE THE NOW!!! FEELS.\$150.00 Atter May 1, 2003 Fee will be \$550.00 THE POOR DOSAL ALLEN JR 801 POYDRAS LANE TAMPA FL 38835 City FL Zip Code		b. Name and Address of Curren	t negistered Agent	Name	1. Nume and Address of New Hogotores Agent	
St. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Community Commu	• •				ss (P.O. Box Number is Not Acceptable)	
B. The above named entity subm is 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. Control C	TAMPA FL	33635		,		
SIGNATURE				City	FL Zip Code	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITILE MAME DOSAL, ALLEN JR STREET ADDRESS STREET ADDRESS STREET ADDRESS TAMPA FL 33635 ITILE MAME DOSAL, ALLEN SR STREET ADDRESS STREET ADDRE	the obligat SIGNATURE .	signature, typed or printed name of registered ager	at and little if applicable. (NO		4/21/03	ері
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	12. I hereby o	certify that the information supplied wi	th this filing does not qualify fo	or the exemption stated in	Section 119.07(3)(I), Florida Statutes. I further certify that the information	on

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 913-925-06