


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

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 91893 035 ***150.00

DOCUMENT # P01000092539					
1. Entity Name JEMTECH TILE & MARBLE INC.					
Principal Place of Business 3 LILAC DR. DEBARY FL 32713			Mailing Address 701 THISTLE PL WINTER SPRINGS FL 32708		
2. Principal Place of Business			3. Mailing Address 3 LILAC DR		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State Debarry FL		4. FEI Number 59-37450213751025	
Zip	Country	Zip 32713	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MC HUGH, STEVEN A 3 LILAC DR. DEBARY FL 32713				7. Name and Address of New Registered Agent Name Lillian V. McHugh Street Address (P.O. Box Number is Not Acceptable) 3 LILAC DR City Debarry FL Zip Code 32713	
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.					
SIGNATURE: Lillian V. McHugh <i>Lillian V. McHugh</i> 6/13/03 <small>Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	MC HUGH, STEVEN A		TITLE	VICE President
NAME		3 LILAC DR.		NAME	STEVEN A McHUGH
STREET ADDRESS		DEBARY FL 32713		STREET ADDRESS	3 LILAC DR
CITY-ST-ZIP				CITY-ST-ZIP	Debarry, FL 32713
TITLE	V	MC HUGH, RAYMOND P SR		TITLE	President
NAME		701 THISTLE PL.		NAME	Lillian V. McHugh
STREET ADDRESS		WINTER SPRINGS FL 32708		STREET ADDRESS	3 LILAC DR
CITY-ST-ZIP				CITY-ST-ZIP	Debarry, FL 32713
TITLE				TITLE	
NAME				NAME	
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CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Lillian V. McHugh</i> 6/20/03 386 753-0810 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (10/02)