

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90227 027 ***150.00

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

DOCUMENT # P01000108129			
1. Entity Name TILE AND MARBLE CONTRACTORS, INC.			
Principal Place of Business 5436 FIFTH ST ST AUGUSTINE, FL 32080		Mailing Address 5436 FIFTH ST ST AUGUSTINE, FL 32080	
2. Principal Place of Business 3174 Kings Rd.		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State St. Augustine, FL	
Zip 32086		Zip 32086	
Country USA		Country USA	
4. FEI Number 59-3720020		Applied For Not Applicable	
5. Certificate of Status Desired ☒ Check Here if Making Changes		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent PEPPE, ANTHONY 5436 FIFTH ST ST AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Linda Peppe Director</u> DATE: <u>5/7/03</u> Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning.)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D PEPPE, ANTHONY ☐ Delete 5436 FIFTH ST ST AUGUSTINE, FL 32080		3174 Kings Rd ☒ Change ☐ Addition St. Augustine, FL 32086	
D PEPPE, LINDA ☐ Delete 5436 FIFTH ST ST AUGUSTINE, FL 32080		3174 Kings Rd ☒ Change ☐ Addition St. Augustine, FL 32086	
OFFICER ☐ Delete NAME: Michael Sanzone STREET ADDRESS: 3174 Kings Rd CITY-ST-ZIP: St. Augustine, FL 32086		OFFICER ☐ Change ☒ Addition NAME: Michael Sanzone STREET ADDRESS: 3174 Kings Rd CITY-ST-ZIP: St. Augustine, FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D ☐ Delete		D ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D ☐ Delete		D ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D ☐ Delete		D ☐ Delete	
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 507, 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: <u>Director / Linda Peppe</u> DATE: <u>5/7/03 (904)</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)

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