FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT, # POLODO WI 405

Entity Name

FLORIDA TILE-ROOF COAT, INC.



AMENSED

SECRETARY OF STATE DIVISION OF CORPORATIONS

03 DEC -5 AM 8: 00

900025254439 ..

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business			3. Mailing Address				15/05/03 01031 -	1114	M#51.25	
6816 No. Salford Blvd			6816 No. Salford Blvd.			_			(
Suite, Apt. #, etc.			Suite. Apt. #, etc.			DO NOT WRITE IN THIS SPACE MIR S				
City & State			City & State			A FF	i Number •		Applied For	
North Port, FL 34286			North Port, FL 34286			1	59-3756772	•	Not Applicable	
Zip	Country		Zip Country			5 . Ce	ertificate of Status Desired	¬ \$8.	75 Additional	
- 34	<u> 1286 </u>	Sarasota	34286	Saraso	ota	7 N			Required	
इंस्के - रीएव				7. Name and Address of Current Registered Agent						
The state of the s	'n	O NOT W	DITE			id J. Mull				
	à		2. # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			6 No.	P.O. Box Number is Not Acceptable) NO. Salford Blvd.			
IN THIS SP			NOIT			th Port, FL 34286				
				Ci	Nor	th Po		1 -	34286	
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 Fiorida, I am familiar with, and accept the obligations of registered agent.										
ine congas	ions of registe	ered agent.								
SIGNATURE _	·									
Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refrastating) DATE January 1 May 1 Fee is \$150,00										
After May 1: Fee is \$550.00 9. Election Camp.									\$5.00 May Be	
Make Check	Amended Payable to	UBR is \$61.25 Florida Department of	State				Trust Fund Contribution.	Ц	Added to Fees	
10.		OFFICERS AND I	MARKET, BELL WOLLOW	5 (9) (6, 6)	31.5° (31.0°)	•••			7 7 8 1 7 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8	
THTLE	DP			TOLE				7		
NAME		J. Mull		NAME						
STREET ADDRESS CITY-ST-ZIP		No. Salford Bl	lvd. 1286	STREET ADD	The State of Company of the Williams					
TITLE	DSTV	Port, FL 34	+200	mile:	F 1 M 1 W 1997			4 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
NAME	!	Mii 1 1		HAME?		54-14 P		A CONTRACTOR		
STREET ADDRESS		Mull No. Salford Bl	lvd.	STREET ACC	PRESS .	replies				
CiTY-ST-ZiP		Port, FL 34	1286	CITY-ST-Z	1 34. Se 12. 38	٠ ﴿				
TITLE NAME	V	Batterton	' .w.ā]	IALE		erine William Liv				
STREET ADDRESS		No. Salford Bl		· NAMED STREET ADD						
CITY-ST-ZIP	1		1286	CITY-ST-Z	CONTROL DOWN TO SHAPE	7 d. 4 s -	DO NOT W	RITE		
TITLE				mine a co	967-05-12-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	dir y 15 2	IN THIS SE	. 341 600 Tall 2 (2) T		
NAME				NAME			IN ITID OF	AUE		
STREET ADDRESS CITY-ST-ZIP				STREET ADE	Since of the last the control of			14.4 37		
TITLE				140042073 1 013 . D C	A	Option of the				
NAME				NAME	26.04.17					
STREET ADDRESS				STREET AUC					是在中国强制	
CITY-ST-ZIP			ik.	CITY_ST-Z						
THILE				TIMLE				110 11 .		
NAME STREET ADDRESS		+ sa		NAME	3.6. Ber			age of the same		
CITY-ST-ZIP		•	•	STREET ACC		entrol of				
	L			Surface Control	3. J. 12-55. V	to it is	<u>amining at a late and a late</u>	5.5		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

11-24-03

Daytima Prien

Date

CR2E034B (12/1