9/2/2

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State
09-02-2002 90048 035 ***150.00

99579

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000112278

1. Entity Name
WALTER'S TILE, INC.

Principal Place of Business	Mailing Address
1669 SE TRUMPET LANE PORT ST. LUCIE FL 34983	1669 SE TRUMPET LANE PORT ST. LUCIE FL 34983

2. Principal Place of Business		3. Mailing Address	
614 NW Treemont Ave		614 NW Treemont Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Port St. Lucie, FL		City & State: Port St. Lucie, FL	
Zip: 34983	Country:	Zip: 34983	Country:

4. FEI Number: 02-0551193 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, MICHAEL A
1669 SE TRUMPET LANE
PORT ST. LUCIE FL 34983

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 ______________________
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 $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, MICHAEL A 1669 SE TRUMPET LANE PORT ST. LUCIE FL 34983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, MICHAEL A 614 NW TREEMONT AVE PORT ST LUCIE FL 34983	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/02)

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: MICHAEL A WALTERS 8/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
DH P01000112278

[redacted]

99529

WALTER'S TILE, INC.
614 NW TREEMONT AVE
PORT ST. LUCIE, FL 34983

August 14, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: 2002 Uniform Business Report

Dear Sir/Madam:

This letter is to inform you that Walter's Tile, Inc. did not receive any prior notice regarding the UBR for 2002. According to the notice Walter's Tile, Inc. did receive, the late fee can be waived if no prior notice was received. Therefore, I am enclosing the original fee of $150.00.

Your time and consideration in this matter is greatly appreciated.

Sincerely,

Michael A Walters
President