

2002 UNIFORM BUSINESS REPORT (UBR)

9/2/02

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-02-2002 90048 035 ***150.00

99579

DOCUMENT # P01000112278
Entity Name
WALTER'S TILE, INC.

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

2. Principal Place of Business 614 NW Treemont Ave
3. Mailing Address 614 NW Treemont Ave
 Suite, Apt. #, etc.

City & State Port St. Lucie, FL
City & State Port St. Lucie, FL
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

7. Name and Address of New Registered Agent

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

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	WALTERS, MICHAEL A	
STREET ADDRESS	1669 SE TRUMPET LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Change ☐ Addition
NAME	WALTERS, MICHAEL A	
STREET ADDRESS	614 NW TREEMONT AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 persons empowered.

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

CR2E034 (4/02)

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

Attachment
ID# PO1000112228

99529

August 14, 2002

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

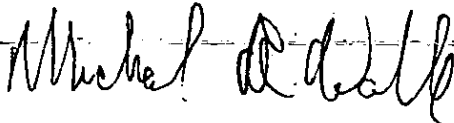
Re: 2002 Uniform Business Report

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