

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-22-2002 90176 009 ***150.00

DOCUMENT # P01000114920

1. Entity Name
JAG TILE, INC.

Principal Place of Business
**4412 PLUMBAGO CT.
 SPRING HILL FL 34807**

Mailing Address
**4412 PLUMBAGO CT.
 SPRING HILL FL 34807**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4412 Plumbago CT
 Suite, Apt. #, etc.

3. Mailing Address
4412 Plumbago CT
 Suite, Apt. #, etc.

City & State
Spring Hill FL
 Zip
34807
 Country
USA

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Spring Hill FL
 Zip
34807
 Country
USA

4. FEI Number
59-3758649

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

GARAFALO, JOSEPH J - PRESIDENT
4412 PLUMBAGO CT.
SPRING HILL FL 34807

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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
PRESIDENT
JOSEPH J GARAFALO
4412 PLUMBAGO COURT
SPRING HILL FL 34807

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J. Garafalo

Date

4/10/02

Daytime Phone #

352-597-2548

CR2E034 (9/01)