

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90032 037 ***150.00

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

DOCUMENT # P01000118601					
1. Entity Name J.&S. TILE AND PAINT, INC.					
Principal Place of Business P.O. BOX 1413 PINELLAS PARK, FL 33780 US			Mailing Address P.O. BOX 1413 PINELLAS PARK, FL 33780 US		
2. Principal Place of Business SAME AS ABOVE Suite, Apt. #, etc.			3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 01-0564860	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORDONE, SHAWN F 6480 68TH AVE. N. PINELLAS PARK, FL 33781				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. SHAWN CORDONE 4-29-2003 SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when resigning)					
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State				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	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOISCLAIR, JEAN J		NAME		
STREET ADDRESS	647 46TH AVE N.		STREET ADDRESS		
CITY-ST-ZIP	ST-PETERSBURG, FL 33703		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CORDONE, SHAWN F		NAME		
STREET ADDRESS	6480 68TH AVE N.		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: JEAN J. BOISCLAIR 04/29/2003 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

90130601



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)

727-480-3266