FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91515 039 ***150.00

101

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000003446

1. Entity Name
IMMACULATE TILE, INC.

Principal Place of Business	Mailing Address
345 BREWSTER RD. INDIALANTIC, FL 32903	1934 NEW ORLEANS DR., APT. B INDIALANTIC, FL 32903

2. Principal Place of Business		3. Mailing Address	
		2581 Leewood Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	~~Melbourne FL~~
City & State		City & State	Melbourne, FL.
Zip	Country	Zip 32935	Country Brevard

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 010587558 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POTTS, TOMMY
345 BREWSTER RD.
INDIALANTIC, FL 32903

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] Tommy Potts (president) 4/24/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D POTTS, TOMMY 345 BREWSTER RD. INDIALANTIC, FL 32903	☐ 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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CR2E034 (10/02)

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: [signature] Tommy Potts 4/24/03 321-752-7505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #