



# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/11/2003-90090-016-\$550.00-\$550.00

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<b>DOCUMENT # P02000005580</b>				 <div style="position: absolute; top: 10px; right: 10px; text-align: right;"> <b>FILED</b>  03 SEP 22 PM 2:12  SECRETARY OF STATE  TALLAHASSEE, FLORIDA </div>	
1. Entity Name <b>RODRIGUEZ TILE INC.</b>					
Principal Place of Business <b>406 MAJESTIC WAY KISSIMMEE FL 34758</b>		Mailing Address <b>406 MAJESTIC WAY KISSIMMEE FL 34758</b>			
2. Principal Place of Business		3. Mailing Address <b>406 Majestic Way</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Kissimmee FL</b>		City & State <b>Kissimmee FL</b>			
Zip <b>34758</b>	Country	Zip <b>34758</b>	Country	4. FEI Number <b>04-3613030</b>	Applied For <b>032501</b>
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, EDWIN 406 MAJESTIC WAY KISSIMMEE FL 34758</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> 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: <i>Edwin Rodriguez</i>				DATE: <b>9/18/03</b>	
<small>Signature, typed or printed name of registered agent, and date of registration. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution: <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, EDWIN</b>			NAME	
STREET ADDRESS	<b>406 MAJESTIC WAY</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34758</b>			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Edwin Rodriguez</i>				DATE: <b>9/19/03</b> 3212170364	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

CR2E034 (4/03)

*2/1/22*