

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90092 046 ***150.00

DOCUMENT # P02000017601

1. Entity Name

TILES PLUS, INC.



Principal Place of Business

1331 N WEMBLEY CIR

PORT ORANGE, FL 32138

Mailing Address

1331 N WEMBLEY CIR

PORT ORANGE, FL 32138

2. Principal Place of Business

1331 N Wembley Circle

Suite, Apt. #, etc.

3. Mailing Address

1331 N Wembley Circle

Suite, Apt. #, etc.

City & State

PORT ORANGE FL

Zip
32128

Country
US

City & State

PORT ORANGE FL

Zip
32128

Country
US

4. FEI Number

03-0416901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

VALENT, CARMINE JR

1331 N WEMBLEY CIR

PORT ORANGE FL 32138

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

Carmine Valenti Jr

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003, Fee will be \$750.00

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

TITLE **PD** ☐ Delete
NAME **VALENTI, CARMINE JR**
STREET ADDRESS **1331 N WEMBLEY CIR**
CITY-ST-ZIP **PT ORANGE FL 32138**

TITLE **VP** ☒ Delete
NAME **Robert J Cracchiolo**
STREET ADDRESS **1331 N Wembley Cir**
CITY-ST-ZIP **PT ORANGE FL 32128**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Carmine Valenti Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0120879 AT

CR2E034 (4/03)

Attachment

90146751

#P02000017601

To Whom it may Concern
In writing you to
let you know I didn't
receive these forms until
June 18th 2003. In which
Case. I called your offices
to see what's this payment
for - and they told me to
write, to tell the date I
received this form. and
next payment before September
11th 2003 for \$150.00.

Thank you

Carmen Valdez Jr

any Questions please Call

386-756-7838