FILED Jul 31, 2003 8:00 am

Secretary of State

07-31-2003 90067 047 ***150.00

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

DOCUMENT

P02000020406

1. Entity Name

A & K TILESETTERS, INC.

changed, or on an attachmen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Y



Principal Place of Business 18480A PAULSON DRIVE PORT CHARLOTTE FL 33948

Mailing Address

18480A PAULSON DRIVE

PORT CHARLOTTE FL 33948 incipal Place of Poliness 3. Mailing Address Ison Sam 2 Suite, Apt. #, etc. Suite, Apt. #. etc. CHECK HERE IF MAKING CHANGES City & Stat Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARRYOTT, THOMAS D Street Address (P.O. Box Number is Not Acceptable) 128 NESBIT STREET PUNTA GORDA FL 33950 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. **ŞIGNATURE** 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 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (4/03) TITLE TITLE ☐ Addition Delete Change VAN VORST, KENNETH C NAME 18480A PAULSON DRIVE STREET ADDRESS STREET ADDRESS **PORT CHARLOTTE FL 33948** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition VAN VORST, APRIL C NAME NAME 18480A PAULSON DRIVE STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33948 CITY-ST-ZIP CITY-ST-71P 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-7IP CITY-ST-7IP 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-7IP 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 this tee empowered to execute this report or required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

attachment 80134753

Dowd, Whittaker Killorin, C.P.A.'s, P.A.

JOHN F. DOWD, C.P.A. THOMAS E. WHITTAKER, C.P.A. JAMIE M. KILLORIN, C.P.A.

MEMBERS OF AMERICAN AND FLORIDA INSTITUTES OF C.P.A.'S

(941) 493-5299 • FAX (941) 493-3290 July 23, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: A&K Ttilesetters, Inc. 1840A Paulson DR Port Charlotte, FL 33948 TIN 04-3620793 Document Number P02000020406 For 2003

Sir or Madam:

Taxpayer is in receipt of your notice regarding the above referenced UBR. Taxpayer did not receive the original Form UBR and was not aware that it needed to be filed. Taxpayer desires to remain compliant with the division and stresses that this was a simple oversight and not an attempt to avoid the filing fee. Enclosed is a check in the amount of \$150, the regular filing fee. Taxpayer hopes the division will waive the penalty and accept the form as filed.

Taxpayer appreciates your attention to this matter. If you find you need additional information or have any further questions, please do not hesitate to contact the taxpayer directly.

Sincerely,

John F. Dowd

Certified Public Accountant

JFD/rfw Enclosures