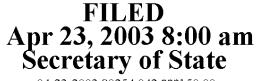
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1. Entity Name ATLANTIS TILE, INC.



1. Entity Name ATLANTIS TILE, INC.								04-23-2003 9025			•
Principal Place of Business 407 BRYNMAWR ISLAND BRADENTON FL 34207				Mailing Address 407 BRYNMAWR ISLAND BRADENTON FL 34207							
2. Principal Place of Business			3. Mailing Address				-	E (BBB)(BB) (A) (BB)(BB) (BB)(BB) (BB)(BB) (BB)(BB)	08110 H 410 0 1161 H		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-	CHECK HERE IF MAKING CHANGES			
City & State			City & State				El Number 14 - 36/ 683 (Applied For	le le	
Zip Country		Country	Zip Co		Cour	ntry		Certificate of Status Desired	\$8.75 Fee Req	Additional	
	6. Name a	and Address of Current	L Registers	ed Agent		1	7. N	lame and Address of New Registe			\dashv
·	01 1101110	2				Name					
SPIEGEL & UTRERA, P.A. **' 1840 SW 22ND ST.						Street Addre	ddress (P.O. Box Number is Not Acceptable)				
4TH FLOO		ng.									
MIAMI FL 33145					City	FL Zip Code			Code	7	
the obligat	tions of register					ed office of Tegr		ent, or both, in the State of Florida. instating) D 9. Election Campaign Financing	ATE	5.00 May Be	
		Fee will be \$550.00 Florida Department of	State	_				Trust Fund Contribution,	☐ Ād	ded to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 11	∠ [_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGRATH, 407 BRYNM BRADENTO	IAWR ISLAND		Delete		i			☐ Chan	ge 🔲 Additio	E 024 /10/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLDEN, D 407 BRYNN BRADENTO	IAWR ISLAND		☐ Delete					☐ Chan	ge 🗌 Additio	
NAME STREET ADDRESS CITY-ST-ZIP	S SAUNDERS 407 BRYNM BRADENTO	AWR ISLAND	~~	☐ Delete					☐ Chan	ge 🔲 Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BISHOP, KII 407 BRYNM BRADENTO	IAWR ISLAND		□ Delete					☐ Chan	ge 🖸 Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Chang	ge 🗌 Additio	n .
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete					☐ Chang	ge 🗌 Additio	a

12. I hereby certify that the information supplied with this filling 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:

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03

941-46-090 Daytime Phone #

Date