2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000032963

1. Entity Name

GULF COAST TILE & STONE, INCORPORATED



FILED Aug 12, 2003 8:00 am Secretary of State

08-12-2003 90019 008 ***550.00

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Principal Place of Business 5160 TEAKWOOD DRIVE NAPLES FL 34119			5160	Mailing Address 5160 TEAKWOOD DRIVE NAPLES FL 34119					I MANIARI KU ARNA MAN ANIM ANI	N ar an ar n ka ka	I 11919 19116	BRIGE 1181 (188)	
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2. Principal Place of Business				3. Mailing Address					18812841 13 88318 1911 PRI 1 881	II Gu it i Gotha 1111		41:48 (111 1 04)	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. F	FEI Number 15 -30 36412			pplied For ot Applicable	
Zip		Country	Zip		Country	у		5. Certificate of Status Desired		See Required			
6. Name and Address of Current Registered Agent								7. N	lame and Address of New Re	gistered Ag	ent		
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*ALVAREZ, JESUS A _k_ 5160 TEAKWOOD DRIVE					_	Street Address (P.O. Box Number is Not Acceptable)							
NAPLES FL 34119							<u> </u>						
	201110				-	City			<u> </u>	FL	Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.							registere	ed age	ent, or both, in the State of Flor	ida. I am fan	illar with,	and accept	
V	ions of pages	lensd agent.											
SIGNATURE.	Signature, typed	or printed name of registered ag	ent and titlen end	licable: (NOTE: F	Registered A	Agent signat	ure required	when rei	instating)	DATE			
F	ILE 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 Fina Trust Fund Contribution		\$5.0 Added	May Be I to Fees	
10,	OFFICERS AND DIRECTORS							AD	DITIONS/CHANGES TO OFFI	CERS AND D	RECTOR	S IN 11	
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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: 上位

Date

Daytime Phone #