


Amended
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 DEC 29 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| DOCUMENT # PD2000048845 |  |
| 1. Entity Name Christian Giblin Tile Mechanix, Inc | |

DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 619 North Lockwood Ridge Suite, Apt. #, etc. | 3. Mailing Address 619 North Lockwood Ridge Rd. Suite, Apt. #, etc. |
| City & State Sarasota, Florida | City & State Sarasota, Florida |
| Zip 34237 | Country U.S.A. |

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| 4. FEI Number 46-0482065 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|-----------------------------------|--|--|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name Law office of Thomas M. Fitzgibbons | |
| | Street Address (P.O. Box Number is Not Acceptable) 2750 Ringling Blvd., Suite 4 City Sarasota FL Zip Code 34237 | |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

900025817199
12/29/03--01057--002 **\$1.25

January 1 - May 11 Fee is \$150.00
After May 11 Fee is \$550.00
(Amended UBR is \$61.25)
Make Check Payable to Florida Department of State

| | |
|---|-----------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|-----------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Christian Giblin 619 North Lockwood Ridge Road Sarasota, FL 34237 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Michael Waldron 4377 Sandner Drive Sarasota, FL 34243 |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/03

Date

Daytime Phone #

CR2E034B (12/02)