


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

142

DOCUMENT # **PO2000050856**
 1. Entity Name
KSM TILE, INC.



FILED
 03 OCT 16 AM 8:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
866 COCHRAN RD.

3. Mailing Address
866 COCHRAN RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM BAY, FL

City & State
PALM BAY, FL

Zip
32909 Country
USA

Zip
32909 Country
USA

4. FEI Number
743045310

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KEVIN MELTON

Street Address (P.O. Box Number is Not Acceptable)
866 COCHRAN RD

City
PALM BAY FL Zip Code
32909

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEVIN S. MELTON 866 COCHRAN RD PALM BAY FL 32909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500025232695 12/01/03-01/02/03-030 ***150.00
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CR2E034B (12/02)

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: *Kevin Melton* **10-13-03** **321-862-5327**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ACCOUNTING

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October 8, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Subject: KSM TILE, INC
Document #: P02000050856

To Whom It May Concern:

Our client mentioned above, had their Corporation administratively dissolved on September 19, 2003 for failing to file a Uniform Business Report. They never received an original or a second notice due to the fact that they were probably mailed to their old address.

An amendment was filed with your office on May 30, 2002 amending Article VIII, Principal Office and Mailing Address (copies enclosed).

We respectfully request that their Corporation be reinstated without any additional fees. Therefore, please find enclosed a Uniform Business Report, along with a check for \$150.00.

Thank you for your cooperation in resolving this matter.

Sincerely,

William J. Franco
Accountant

COPY

May 30, 2002

Florida Dept. Of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Subj: Amendment for KSM TILE, INC.

Dear Sir:

Enclosed please find the following:

1. The original and one copy of the Amendment to Articles of Incorporation for the subject corporation.
2. A check in the amount of \$35.00 to cover the filing fees for the Amendment to the existing Articles.

Kindly acknowledge filing of this Amendment to the Articles of Incorporation, in compliance with Florida law and return the certified copy of the Amendment to the Articles of Incorporation to the undersigned at Atlantic Paralegal Services, Inc., 1592 N. HWY A1A, Satellite Beach, FL 32937. (321) 773-2020

Thank you for your assistance in this matter.

Sincerely,



Kevin Scott Melton