2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Aug 04, 2003 8:00 am Secretary of State P02000057387 DOCUMENT # 08-04-2003 90155 042 ***150.00 1. Entity Name ONE BY ONE TILE & MARBLE, INC. Principal Place of Business Mailing Address 1236 NE 3 AVE. 1236 NE 3 AVE. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 3. Mailing Address 2. Principal Place of Business Sw Wellingtonare 1222 SW Wellington ave 2.22 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 61-1415170 Not Applicable \$8.75 Additional ountr Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCGONIGLE, JACQUELINE Street Address (P.O. Box Number is Not Acceptable) 6221 BANYAN TERRACE PLANTATION FL 33317 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. CR2E034 (4/03) trècles James (D) 1222 su wellington eve Change ☐ Addition Delete TITLE TITLE NAME FREITAS, JAMES NAME 4 St Lucie, FL 34953 STREET ADDRESS 1236 NE 3 AVE. STREET ADDRESS FT. LAUDERDALE FL 33304 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME HELMECZY, THOMAS NAME STREET ADDRESS 5480 PINWALK DRIVE STREET ADDRESS CITY_ST_ZIP CITY-ST-ZIP MARGATE-FL-33063 Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

FILED

SIGNATURE:

Affachment 201351200 P02000057387

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