

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90184 021 ***150.00



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000076743

1. Entity Name
FIRST CITY TILE CORP.

Principal Place of Business
609 COURT STREET
CLEARWATER FL 33756

Mailing Address
609 COURT STREET
CLEARWATER FL 33756

2. Principal Place of Business

3. Mailing Address

1545 S Belcher Rd
Suite, Apt. #, etc.

Same

City & State
Clearwater FL

City & State
Same

Zip
33764 Country
Pmellas

Zip
33764 Country
FL

4. FEI Number
04-370 3390 ☒ Applied For
☐ Not Applicable

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

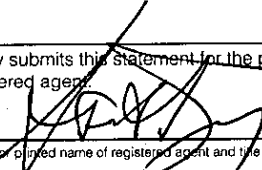
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRUG, STEWART L
609 COURT STREET
CLEARWATER FL 33756

Name
STEWART L KRUG P.A.
Street Address (P.O. Box Number is Not Acceptable)
1645 S. BELCHER RD.
CLEARWATER, FL 33764
City
727-536-7667 **FL** **Zip Code**

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

1/17/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART L KRUG 1545 S. Belcher Rd Clearwater FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D ROD KRONN 1545 S. Belcher Rd Clearwater FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRONN 1545 S Belcher Rd Clearwater FL 33764	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stewart L. Krug

Date

Daytime Phone #

1/17/03 **727 536 7667**

CR2E034 (10/02)