2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P02000080443 DOCUMENT

1. Entity Name

WAYNE OLIVIER TILE & REMODELING INC.



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90114 039 ***150.00

2. Melling Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Cry & State	Principal Place of Business 241 HAWTHORNE LN NE PALM BAY FL 32907			Mailing Address 241 HAWTHORNE LN NE PALM BAY FL 32907								
Chy & State Country Country Country Country Country Country Country S. Certificate of Status Desired Fee Required Fee Require	2. Principal Pl	ace of Busine	ess	3. Maili	3. Mailing Address					. 	5 11 5 1468 1111 1083	
Zip Country Zip Country Zip Country S. Certificate of Status Desired See Required S. Name and Address of Current Registered Agent	Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent	City & State			City & State			 -	4. F		⊢ —+	Applied For Not Applicable	
OLIVER, WAYNE R 241 HAWTHORNE LINE PALM BAY FL 32907 City FL Cit	Zip		Country	Zip		Coun	try	5. (Certificate of Status Desired			
OLIVIER, WAYNE R 241 HAWTHORNE LIN NE PALM BAY FL 32907 City FL City FL City FL Zip Code City FL Signature year of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of registered agent, or both, in the State of Floride. I am familiar with, and accept the collegations of Floride. I am familiar with, and accept the collegations of Floride. I am familiar with, and accept the collegations of Floride. I am familiar with, and accept the collegatio		6. Name	and Address of Curren	t Registere	d Agent				Name and Address of New Register	ed Agent		
241 HAWTHORNE LIN NE PALM BAY FL 32907 City City FL Zip Code R, The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OPENIOR NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE INAME SIREET ADDRESS CITY-S1-ZP TITLE NAME SIREET ADDRESS CITY-S1-ZP TITLE NAME SIREET ADDRESS CITY-S1-ZP TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-ZP TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-ZP TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-ZP TITLE NAME SIRET ADDRESS CITY-S1-ZP TITLE NAME SIRET ADDRESS CITY-S1-ZP TITLE N					Name							
241 HAWTHORNE LIN NE PALM BAY FL 32907 City City FL Zip Code R, The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OPENIOR NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE INAME SIREET ADDRESS CITY-S1-ZP TITLE NAME SIREET ADDRESS CITY-S1-ZP TITLE NAME SIREET ADDRESS CITY-S1-ZP TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-ZP TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-ZP TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-ZP TITLE NAME SIRET ADDRESS CITY-S1-ZP TITLE NAME SIRET ADDRESS CITY-S1-ZP TITLE N	OLIVIER, V	VAYNE R						Circuit Addrson (DO, Pay Number in Not Accountable)				
PALM BAY FL 32907 8. The above named onlity 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 Sig					• • •			Street Address (F.O. Box Number is Not Acceptable)				
R. 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 Injury Signature injury Signature Injury			***		:							
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	PALM DAT	FL 32907	·				···					
SIGNATURE Signature Signa							City		I		ode	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITUS Fund Contribution. OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	the obligati	ons of registe	ered agent.							····	ith, and accept	
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE	After	May 1, 200	3 Fee will be \$550.00 Florida Department	of State	:				Trust Fund Contribution.	☐ Ādi	ded to Fees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.		OFFICERS ANI	DIRECTO		11.	 	AD	DDITIONS/CHANGES TO OFFICERS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TITLE	_		-	Delete	•				∐ Chang	ge [_] Addition	
CITY-ST-ZIP PALM BAY FL 32907						- 1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Change Addition Addition Change	CITY-ST-ZIP	PALM BAY	FL 32907			-					- Madiiian	
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE				Delete					☐ Chang	ge Addition	
CITY-ST-ZIP												
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Add												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				-,		_			, -	Chan	ne	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					∟ Delete				•	D. Onland	ge	
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					C) 5-1-1-	_				Chan	ne 🗀 Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	1				Delete					L Onling	go 🗀 / lourillon	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP												
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Change Addition Addition Change Addition Addition Addition The street Address CITY-ST-ZIP Change Addition Addition The street Address CITY-ST-ZIP							ŀ					
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Chance CARRET CHANGE CITY-ST-ZIP Chance CARRET CA					□ Doloto	TITI	=			□ Chan	ge	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					C Delete		I				<i>-</i>	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP							I					
□ Change □ Addition						CITY	-ST-ZIP					
TITIE I I I I I I I I I I I I I I I I I I					☐ Delete	TITL		******		☐ Chang	ge Addition	
TITLE Uslete TITLE NAME	·				L Descie		i					
STREET ADDRESS STREET ADDRESS							1					
CITY-ST-ZIP CITY-ST-ZIP							I					
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 entry is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director		ertify that the	information supplied w	itathis filino	does not qualify fo	r the exe	mption state	ed in Section	119.07(3)(i), Florida Statutes. I furthe	certify that the	ne information	

boys a rule and accurace and that my signature shall have the same legal effect as it made under oath, that i am an officer of director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ess, with all other like empowered. of the corporation or the recei changed, or on an attachmen

SIGNATURE:

CATURE PEOUR WAYNE OLIVIER

321 722 0493