2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/28

FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 90281 041 ***150.00

DOCUMENT # P02000101772

1. Entity Name
QUALITY TILE INSTALLATIONS BY RHETT BAKER, INC.

Principal Place of Business	Mailing Address
571 SE VOLKERTS TERRACE PORT ST LUCIE FL 34983	571 SE VOLKERTS TERRACE PORT ST LUCIE FL 34983

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
571 S.E. Volkerts Ter. PSL Fl		571 S.E. Volkerts Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: P.S.L., FL		City & State: P.S.L., FL	
Zip: 34983	Country: U.S.A.	Zip: 34983	Country: U.S.A.

4. FEI Number 01-0702214 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, RHETT
571 SE VOLKERTS TERRACE
PORT ST LUCIE FL 34983

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 ____ 4-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Robert H. Moyer 1331 SW Hutchins Ave P.S.L, FL 34983 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-22-03 772-873-9370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #