


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90465 015 \*\*\*158.75

**DOCUMENT #** P02000128763

**1. Entity Name**  
C & S TILE DESIGN



**Principal Place of Business**  
520 67TH AVENUE WEST  
BRADENTON FL 34207

**Mailing Address**  
520.67TH AVENUE WEST  
BRADENTON FL 34207



**2. Principal Place of Business**  
7050 60<sup>th</sup> Ave E.  
Suite, Apt. #, etc.

**3. Mailing Address**  
7050 60<sup>th</sup> Ave East  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

**City & State**  
Bradenton

**City & State**  
Bradenton, FL

**Zip**  
FL 34207

**Country**  
U.S.

**4. FEI Number**  
03-0496734

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
T & H COMPTROLLERS, INC.  
312 E. VENICE AVENUE, SUITE 120  
VENICE FL 34292

**7. Name and Address of New Registered Agent**  
Name: ~~T & H Comptrollers, Inc~~  
Street Address (P.O. Box Number is Not Acceptable):  
312 E. Venice Avenue,  
Suite 120  
City: Venice FL Zip Code: 34292

**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 \_\_\_\_\_ (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**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	COTHERN, CHAD S	
STREET ADDRESS	520 67TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	Shawn Easterling	<input type="checkbox"/> Delete
NAME	4932 21 <sup>st</sup> Way East	
STREET ADDRESS	Bradenton, FL 34203	
CITY-ST-ZIP		
TITLE	Daniel Forst	<input type="checkbox"/> Delete
NAME	904 Byron Lane	
STREET ADDRESS	Sarasota, FL 34243	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.**

**SIGNATURE:** *Shawn Easterling* **March 12, 2003** (941) 737-5891

CR2E034 (10/02)