

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000128781

1. Entity Name

COAST TO COAST TILE, INC.



FILED

03 OCT -6 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

617 SE 21 ST
CAPE CORAL FL 33900

Mailing Address

617 SE 21 ST
CAPE CORAL FL 33900

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0269958

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SOMERS, WILLIAM

3465 BONITA BCH RD #12

BONITA SPRINGS FL 34134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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	PVST	☐ Delete
NAME	MACERANKA, MICHEAL	
STREET ADDRESS	617 SE 21 ST	
CITY- ST- ZIP	CAPE CORAL FL 33900	

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

TITLE		☐ Delete
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STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change	☐ Addition
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CITY- ST- ZIP		

TITLE		☐ Change	☐ 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: WILLIAM SOMERS

2/9/03