

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90182 049 ***150.00

0013729 FP

DOCUMENT # P02000128908

1. Entity Name
N&J INSTALLATION TILE, INC.



Principal Place of Business
3301 S. SANDFORD AVENUE #44
SANDFORD FL 32772

Mailing Address
3301 S. SANDFORD AVENUE #44
SANDFORD FL 32772

2. Principal Place of Business
203 HOLLY AVE.
Suite, Apt. #, etc.

3. Mailing Address
203 HOLLY AVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
SANDFORD, Florida
Zip **32771** **Country** **U.S.A.**

City & State
SANDFORD, Florida
Zip **32771** **Country** **U.S.A.**

4. FEI Number
550810654

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALES, NOE
3301 S. SANDFORD AVENUE #44
SANDFORD FL 32772

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP GONZALES, NOE ST 3301 S. SANDFORD AVENUE #44 SANDFORD FL 32772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Noe Gonzales* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.03

Date

407-221-7659

Daytime Phone #

CR2E034 (10/02)

Attachment

P020000128908
70054452

NOE GONZALES
203 Holly Avenue
Sanford, FL 32771

April 29, 2003

DIVISION OF CORPORATIONS
409 East Gaines Street
Tallahassee, FL 32399

Dear Sirs:

Enclosed please find check # 1231 for \$150.00 to renew corporation for this year. Also notice that the address of the corporation has been changed.

I apologize that I am sending the renewal on this date but for sickness reason I was not able to mail it before.

I appreciate your consideration in this matter.

Sincerely yours,


Noe Gonzales/President