2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2004 8:00 am Secretary of State

Superior	DOCUMENT # P03000052972 1. Entity Name NIKO AND ARDIAN TILE INSTALLATION, INC.									02-27-20	004 900	021 040 **	*150.00
ACKSONVILLE, FL 32257 US ACKSONVILLE, FL 32257 US 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State	l								}			540	12881
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S. Gertificate of Status Desired Fee Required F	City & State			City & State					4. FEI Numbe	71-0947	101	<u> </u>	
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6 Name	and Address of Current	Registered	Agent								
City FL Zip Code						į							
8. Trig above named entily 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 obtigations of registered agent. SIGNATURE Supature hypota or prieted name of registered agent and life if applicable. (NOTE Registered Agent signature required when rentating) DATE FILE NOW!!! FEE IS \$150.00	172												
SIGNATURE Signature, fixed or privide name of registered agent and 186 of applicable. (NOTE: Registered Agent signature required when certifisting) PILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE POSTICER AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME CIMO, ARDIAN SIREET ADDRESS 1200 HARTLEY ROAD, #172 SIREET ADDRESS CITY-S1-2P TITLE VP Delete TITLE NAME SIREET ADDRESS CITY-S1-2P TITLE Delete TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-2P TITLE NAME SIREET ADDRESS CITY-S1-2P TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-2P TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-2P Addition NAME SIREET ADDRESS CITY-S1-2P Addition NAME SIREET ADDRESS CITY-S1-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-S1-2P TITLE NAME SIRET ADDRESS CITY													e
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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

101 43498

☐ Addition

Daytime Phone #

Change