

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

03-31-2004 90018 021 \*\*\*158.75  
P03000110466

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

44022930

DOCUMENT # **P03000110466**

1. Entity Name **MTM SURFACES INC**  
**D/A GRAVITE FOR LESS**  
**1923 CHURCH ST.**  
**W.P.B. FLORIDA 33409**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1923 CHURCH ST</b>		3. Mailing Address <b>1923 CHURCH ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WEST PALM BEACH</b>		City & State <b>WEST PALM BEACH</b>	
Zip <b>33409</b>	Country	Zip <b>33409</b>	Country

4. FEI Number <b>56-240-6252</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **MIKE MINUTO**

Street Address (P.O. Box Number is Not Acceptable) **9792 WOODWORTH CT**

City **WELLINGTON** FL Zip Code **33914**

**DO NOT WRITE  
IN THIS SPACE**

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 **Michael Minuto** DATE **3/28/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY TREASURER</b> <b>MICHAEL MINUTO</b> <b>1923 CHURCH ST</b> <b>WEST PALM BEACH FL 33409</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Minuto** DATE **3/28/04** DAYTIME PHONE # **561-436-5794**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)