


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90006 025 ***550.00

DOCUMENT # P03000112100			
1. Entity Name BARBOSA TILE, INC.			
Principal Place of Business 30 FALLEN OAK LANE PALM COAST FL 32137		Mailing Address P.O. BOX 352953 PALM COAST FL 32135	
2. Principal Place of Business 30 FALLEN OAK LANE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 352953 Suite, Apt. #, etc.	
City & State PALM COAST FL		City & State PALM COAST FL	
Zip 32137	Country FLAGER	Zip 32135	Country FLAGER
6. Name and Address of Current Registered Agent BARBOSA, LICINIO 30 FALLEN OAK LANE PALM COAST FL 32137		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 <u>Licinio Barbosa</u> DATE <u>Aug 30, 04</u> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBOSA, LICINIO 30 FALLEN OAK LANE PALM COAST FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (4/04)

4. FEI Number **20-0291487** Applied For
Not Applicable

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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: Licinio Barbosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 30, 04 (386) 569-6212
Date Daytime Phone #