

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000124806

1. Entity Name
TILE WORKS & DIRTY DEEDS INC.



FILED
2008 NOV 24 AM 9:18

Principal Place of Business
**6807 CABELLO DRIVE
JACKSONVILLE, FL 32226 US**

Mailing Address
**6807 CABELLO DRIVE
JACKSONVILLE, FL 32226 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

12-1
11/19/08
JACKSONVILLE, FLORIDA



REINSTATEMENT 08

4. FEI Number
27-0069336

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

6. Name and Address of Current Registered Agent
**BOZEMAN, JAMES A
6807 CABELLO DRIVE
JACKSONVILLE, FL 32226**

7. Name and Address of New Registered Agent
Name **DONNA M. BOZEMAN**
Street Address (P.O. Box Number is Not Acceptable) **6807 CABELLO DR.**
City **JAX FL** Zip Code **32226**

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]* **DONNA M. BOZEMAN** *[Signature]* **JAMES BOZEMAN** 11/19/08
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOZEMAN, DONNA M 6807 CABELLO DRIVE JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BOZEMAN, JAMES A 6807 CABELLO DRIVE JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200138236632 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/24/08--01053--007 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* 11/19/08 (904) 322-5076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #