

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000025560

1. Entity Name

UNTOUCHABLE TILE WORKS BY KARL, INC.



FILED

2008 NOV 17 PM 1:43

SECRETARY OF STATE
TALLAHASSEE



Principal Place of Business

511 COLUMBUS STREET
ST. AUGUSTINE FL 32084

Mailing Address

511 COLUMBUS STREET
ST. AUGUSTINE FL 32084

2. Principal Place of Business - No P.O. Box #

511 COLUMBUS ST
Suite, Apt. #, etc.

3. Mailing Address

511 COLUMBUS ST
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

ST. AUG. FL

City & State

ST AUG FL

4. FEI Number

04-3740615

Applied For

Not Applicable

Zip

32084

Country

ST. Johns

Zip

32084

Country

ST. Johns

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALL FLORIDA FIRM INC
813 DELTONA BLVD
SUITE A
DELTONA FL 32725

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

KARL Reinhardt

Signature, typed or printed name of registered agent and title if applicable.

[Signature]

(NOTE: Registered Agent signature required when reinstating)

11/13/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

Did not receive notice to
file 2008 Report

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME REINHARDT, KARL
STREET ADDRESS 511 COLUMBUS STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 200138015092
STREET ADDRESS 11/17/08-01071-009
CITY-ST-ZIP **158.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT
STREET ADDRESS 2008
CITY-ST-ZIP [Signature]

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

KARL Reinhardt

11/13/08 806-4967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days-Mo-Fri