

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

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90038 002 ***150.00

DOCUMENT # P04000104735	
1. Entity Name	
MEREDITH TILE INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PO BOX 491035		3. Mailing Address PO BOX 491035	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LEESBURG, FL		City & State LEESBURG, FL	
Zip 34749-1035	Country	Zip 34749-1035	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 20-1369636		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name ANDREW S MEREDITH		
	Street Address (P.O. Box Number is Not Acceptable) 2313 MAHONEY AVE		
City LEESBURG		FL	Zip Code 34749

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

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

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDREW S MEREDITH 2313 MAHONEY AVE LEESBURG, FL 34749	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Andrew S Meredith, President 4/28/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #