

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

03-21-2007 90035 009 ***150.00
P04000143184

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Entity Name EUROPE TILE AND STONE INC	P04000143184
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DO NOT WRITE IN THIS SPACE

60026218

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11049 LOSCO JUNCTION DRIVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32257	Country USA	Zip	Country
4. FEI Number 20-1864441		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current 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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MILAN SEPER 11049 LOSCO JUNCTION DRIVE JACKSONVILLE FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER PETAR SEPER 11049 LOSCO JUNCTION DRIVE JACKSONVILLE FL 32257	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:

Milan Seper

MILAN DEPER DIRECTOR

3/15/2007

(904) 262-8689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOTE:

We filled and send
the form you want
on time.
Check your records please.
Here's copy of the check
and the form.

Stewart Center

DO NOT USE FOR REORDERING PURPOSES
Protect Your Duplicate Checks Store your duplicate checks in your check box.

☒ Track your expenses...
☐ Clothing ☐ Food ☐ Transportation
☐ Credit Card ☐ Utilities ☐ Mortgage
☐ Entertainment ☐ Insurance ☐ Other: _____

☐ TAX-REDUCTIBLE ITEM

180

FLORIDA DEPARTMENT OF STATE
 3/15/07

BALANCE FORWARD	
THIS ITEM	150.00
BALANCE	
DEPOSIT	
OTHER	
BALANCE FORWARD	

NOT NEGOTIABLE

For enhanced security, your name and account number do not appear on this copy.