

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000057831

Entity Name: S.B. TILE AND STONE, INC.

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

710 S. BUMBY AVE.  
ORLANDO, FL 32803 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

710 S. BUMBY AVE.  
ORLANDO, FL 32803 US

## **New Mailing Address:**

FEI Number: 26-0184730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BETTERMAN, SEAN  
710 S. BUMBY AVE.  
ORLANDO, FL 32803 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BETTERMAN, SEAN  
Address: 710 S. BUMBY AVE.  
City-St-Zip: ORLANDO, FL 32803 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: SANTA MARIE, AMILCAR  
Address: 5568 CURRYFORD RD. APT A-17  
City-St-Zip: ORLANDO, FL 32822 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN BETTERMAN

P

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date