

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90434 047 \*\*\*150.00

1102760 AV

**DOCUMENT # P93000072279**

1. Entity Name  
**KUSIAK TILE, INC.**

Principal Place of Business

**13833 WATERHOUSE WAY  
 ORLANDO FL 32828-A  
 US**

Mailing Address

**13833 WATERHOUSE WAY  
 ORLANDO FL 32828  
 US**

2. Principal Place of Business

**3817 BLAZING STAR DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**3817 BLAZING STAR DRIVE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**ORLANDO FLORIDA**

Zip Country  
**32828 USA**

City & State  
**ORLANDO, FLORIDA**

Zip Country  
**32828 USA**

4. FEI Number **59-3208015**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KUSIAK, TONI L  
 13833 WATERHOUSE WAY  
 ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name  
**TONI L. KUSIAK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3817 BLAZING STAR DRIVE**  
 City  
**ORLANDO** FL Zip Code  
**32828**

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.

SIGNATURE **TONI L. KUSIAK**

*Toni L. Kusik*

**2-26-2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
 NAME **KUSIAK, FRANK**  
 STREET ADDRESS **13833 WATERHOUSE WAY**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **ST** ☐ Delete  
 NAME **KUSIAK, TONI**  
 STREET ADDRESS **13833 WATERHOUSE WAY**  
 CITY-ST-ZIP **ORLANDO FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3817 BLAZING STAR DRIVE**  
 CITY-ST-ZIP **ORLANDO, FLORIDA 32828**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3817 BLAZING STAR DRIVE**  
 CITY-ST-ZIP **ORLANDO, FLORIDA 32828**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **TONI L. KUSIAK** *Toni L. Kusik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-2002 321-228-6612**

Date Daytime Phone #

CR2E034 (9/01)