

**"AMENDED 2001"**  
**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000006659

1. Entity Name

**NU-IMAGE TILE DISTRIBUTORS, INC.**

Principal Place of Business  
**550 N. REO ST.  
TAMPA FL 33609-1013**

Mailing Address  
**550 N. REO ST.  
TAMPA FL 33609-1013**

2. Principal Place of Business

**301A MEARS BLVD.**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**OLDSMAR, FL.**

City & State

Zip

**34677**

Country

Zip

Country

4. FEI Number

**59-3221282**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHAW, BILL M  
550 N. REO ST.  
TAMPA FL 33609-1013**

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.

SIGNATURE

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) ☒

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D/P** ☒ Delete  
NAME **C. ROBIN HOWE**  
STREET ADDRESS **210 LIGHTHOUSE COURT**  
CITY-ST-ZIP **OLDSMAR, FL. 34677**

TITLE **D/V** ☐ Delete  
NAME **MARK HOWE**  
STREET ADDRESS **5904 SPRINGRUN CT.**  
CITY-ST-ZIP **HOLIDAY, FL. 34690**

TITLE **S/T** ☐ Delete  
NAME **CARA HOWE**  
STREET ADDRESS **5904 SPRINGRUN CT.**  
CITY-ST-ZIP **HOLIDAY, FL. 34690**

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

☐ Change ☐ Addition

**200004560562--1**  
**-08/28/01--01093--007**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE **D/P** ☒ Change ☐ Addition  
NAME **MARK HOWE**  
STREET ADDRESS **508 PINE AVE.**  
CITY-ST-ZIP **OLDSMAR, FL. 34677**

TITLE **D/S/T** ☒ Change ☐ Addition  
NAME **CARA HOWE**  
STREET ADDRESS **508 PINE AVE.**  
CITY-ST-ZIP **OLDSMAR, FL.**

TITLE **V** ☐ Change ☒ Addition  
NAME **PETER HOWE**  
STREET ADDRESS **2538 PINETTA COURT**  
CITY-ST-ZIP **HOLIDAY, FL. 34691**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/07/01**

**813-855-2961**

FILED

01 AUG 13 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE