FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P94000009832** EXPERT TILE INSTALLATIONS, INC. 04-26-2001 90064 004 ***158.75 Principal Place of Business Mailing Address 32 HARBOR LAKE CR 32 HARBOR LAKE CR SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3230911 Not Applicable Ζp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TALLEY, PATRICK A Street Address (P.O. Box Number is Not Acceptable) 32 HARBOR LAKE CR SAFETY HARBOR FL 34695 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change NAME TALLEY, PATRICK A NAME STREET ADDRESS STREET ADDRESS 32 HARBOR LAKE CR CITY - ST - Z!P CHY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Dalete TITLE Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-SE-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CIRY-ST-7IP CITY-ST-Z:P Delete 3171.6 Addition NAM5 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CiTY-S1-ZIP Delcte THE ☐ Change Addition NAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z-P ☐ Delete STOLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS. C!TY-ST-ZIP CiTY-ST-ZIP 13. Thereby 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 AME OF SIGNING OFFICER OR DIRECTOR

4/20/01

727-365-9404

Daytime Phone #