

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90083 044 ***150.00

DOCUMENT # P94000036105

1. Entity Name
INTERNATIONAL WHOLESALE TILE, INC.



Principal Place of Business
**4401 SW PORT WAY
PALM CITY FL 34990
US**

Mailing Address
**P.O. BOX 2267
PALM CITY FL 34991
US**



2. Principal Place of Business
3500 SW 42nd Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0488850**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOUCHER, PAUL F
1006 S.W. WOODCREEK DR.
PALM CITY FL 34990**

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **D** ☐ Delete
NAME **BOUCHER, PAUL F**
STREET ADDRESS **1006 S.W. WOODCREEK DR.**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Delete
NAME **JORDAN, FORREST P**
STREET ADDRESS **71 N SEWALLS PT RD**
CITY-ST-ZIP **SEWALLS POINT FL 34996**

TITLE **D** ☐ Delete
NAME **PERNA, GREY**
STREET ADDRESS **2403 SW MURPHY RD**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☒ Delete
NAME **PERNA, GREY**
STREET ADDRESS **2403 SW MURPHY RD**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VITIS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1456 NE Ocean Blvd. Apt 12-202**
CITY-ST-ZIP **Shuart, FL 34996-1580**

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

TITLE **V** ☐ Change ☒ Addition
NAME **Kathryn Spencer**
STREET ADDRESS **2145 SE St. Lucie Blvd.**
CITY-ST-ZIP **Shuart FL 34996**

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

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

772-223-5151

Date

Daytime Phone #

CR2E034 (10/02)