

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90285 040 ***150.00

DOCUMENT # P94000039888

1. Entity Name
PALM BEACH TILE RESTORATION, INC.

Principal Place of Business
 1759 N FL MANGO RD
 STE #6
 WEST PALM BEACH FL 33409
 US

Mailing Address
 1759 N FL MANGO RD
 STE #6
 WEST PALM BEACH FL 33409
 US

2. Principal Place of Business
 1669 Brandywine Rd
 Suite, Apt. #, etc.
 3214
 City & State
 West Palm Beach
 Zip
 33409
 Country
 Palm Beach

3. Mailing Address
 1669 Brandywine Rd
 Suite, Apt. #, etc.
 3214
 City & State
 West Palm Beach
 Zip
 33409
 Country
 Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0498080 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BAGDASARIAN, RICHARD C ESQ
 1800 CORPORATE BLVD. #302
 BOCA RATON FL 33431

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)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, ROBERT		NAME	Robert Sanders	
STREET ADDRESS	1759 N FL MANGO RD, #6		STREET ADDRESS	1669 Brandywine Rd #3214	
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP	West Palm Beach FL 33409	
TITLE	DVST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGDASARIAN, RICHARD C		NAME		
STREET ADDRESS	1800 CORPORATE BLVD. # 302		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Robert C. Sanders, P.C.S.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 561-640-0204
 Date Daytime Phone #

CR2E034 (9/01)