2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

May 06, 2002 8:00 am Secretary of State P94000094196 DOCUMENT # 1. Entity Name 05-06-2002 90090 035 ***150.00 DESTIN TILE AND MARBLE CO., INC. Principal Place of Business Mailing Address 910 AIRPORT ROAD STE, A6 910 AIRPORT ROAD STE. A6 DESTIN FL 32541 DESTIN FL 32541 3. Mailing Address 2. Principal Place of Business 838 Airport Road 838 Airport Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3286722 Not Applicable Destin, FL Destin Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 32541 3254 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name same NICK, ALBERT T JR. Street Address (P.O. Box Number is Not Acceptable) 910 AIRPORT ROAD STE. A6 832 Air port Road DESTIN FL 32541 Zip Code City Destin 32<u>54</u>1 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE > same NAME NICK, ALBERT T JR. NAME 838 Airport Rd. 4021 LAUREN CT. STREET ADDRESS STREET ADDRESS Destin, FL 32541 CITY-ST-7IP CITY-\$T-ZIP DESTIN FL 32541 Change ☐ Addition Delete TITLE TITLE vstd NICK, LADONNA R NAME NAME STREET ADDRESS 4021 LAUREN CT. STREET ADDRESS DESTIN FL 32541 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 leport 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 trustre empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

4-19-02

FILED