


FILED

03 NOV 13 AM 11:44

### 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P9600000791**

1. Entity Name  
**A&S TILE OUTLET, INC.**



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900024633639  
11/13/03--01025--012 \*\*\$61.00

Principal Place of Business  
1030 SOUTH VOLUSIA AVENUE  
ORANGE CITY, FL 32763

Mailing Address  
1030 SOUTH VOLUSIA AVENUE  
ORANGE CITY, FL 32763



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**59-3347132**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ABELL, WILLIAM C**  
1030 SOUTH VOLUSIA AVENUE  
ORANGE CITY, FL 32763

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, typewritten printed name of registered agent and title if applicable. (NONE Registered Agent/signature required unless necessary) DATE

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ABELL, WILLIAM C</b> 1668 W. EUCLID AVENUE DELAND, FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SULLIVAN, TED</b> 1489 TIMBERCREST DRIVE DELTONA, FL 32728 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>STROUD, MARILYN</b> 966 SPRINGBANK AVENUE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Abell, William C</b> 5675 N. Hwy 11 DeLeon Springs, FL 32130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sollowen, Scott A</b> 615 S. Cedar Ave. ORANGE CITY, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Marilyn Stroud Marilyn Stroud 11/8/03  
SIGNATURE AND TITLE OF REGISTERED OFFICER OR DIRECTOR Date Capital Pledge

386-774-0748