APR-29-02 TUE 10:17 AM 4

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91190 050 ***150.00

2 UNIFORM BUSINESS REPORT (UBR)

DOC ENT # P96000038612

1. Enti

MIKE SHAW TILES, INC.

Princip of Business	Mailing Address
6 WOODBOUND LANE DEBARY FL 32713	6 WOODBOUND LANE DEBARY FL 32713

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0684656 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PUR WILLAM C
633 TH ANDREWS AVE.
THI FLOOR
FT. DERDALE FL 31271

7. Name and Address of New Registered Agent

Name: MIKE-SHAW
Street Address (P.O. Box Number is Not Acceptable): 6 WOODBOUND LANE
City: DEBARY FL FL Zip Code: 32713

8. The named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MIKE SHAW PRESIDENT DATE: 4-25-2002

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax requirement and elects to do so. (See reason 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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: MIKE SHAW STREET ADDRESS: 6 WOODBOUND LANE CITY-ST-ZIP: DEBARY FL 32713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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

SIGNATURE: MIKE SHAW 4-25-02 407-301-8106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32