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1. Entity Nan	ne	040902							
CASE CH	REATIVE TILE, INC.			FILED					
Principal Plac	ce of Business	Mailing Address		02 APR -8 AM	9: 59	•			
2818 INDUSTR	rial plaza dr.								
#H		TALLAHASSEE FL 32315		SECRETARY OF S	TATE				
TALLAHASSEE US		3. Mailing Address							
2. Principal F 2415 Suite, Apt	old St My STINERE	1 (00/100) 110 (01/10 01/11 01/11 00/11	 		ilia tent tant				
MOT 7	F 1533	Suite, Apt. #, etc.		DO NOT WRIT	E IN THIS SP.			_	
	mosee fl	City & State		4. FEI Number 59-3238909			plied For t Applicable	1	
^{Zip} 3230	Country USA	Zip Co	untry	5. Certificate of Status Desired		8.75 Add e Required			
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Re	egistered Ag	ent		1	
			Name						
CASE, JAI 2818 INDU	mes d Jstrial plaza dr.		Street Address (P.O. Box Number is Not Acceptable)				
#H	055 51 00045								
	SEE FL 32315		City	y FL Zip Code					
8. The above	e named entity submits this statement for the	ne purpose of changing its registi	ered office or registe	red agent, or both, in the State of Flo	rida.				
SIGNATURE	Signadre, typed or printed name of registered agent and	title if applicable. (NOTE: Registe	ered Agent signature required	I when reinstating)	DATE				
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!! FE	T IC 6450 00					1	
-,	requirement and elects to do so.	After May 1, 2002 Fe	e will be \$550.00				May Be to Fees		
(See crite	requirement and elects to do so. ria on back)	After May 1, 2002 Fe Make Check-Payable to	e will be \$550.00 Department of Sta	te Trust Fund Contribution	n. , 🔲	Added	to Fees		
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SIGNATURE:

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/4/02

570-2324

Daytime Phone #