



03-17-2003 90659 043 \*\*\*150.00

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

<b>DOCUMENT # P96000098161</b> 1. Entity Name <b>K.C. TILES &amp; MARBLE, INC.</b>		
Principal Place of Business 28741 SOUTH CARGO COURT, UNIT #2 BONITA SPRINGS, FL 34135		Mailing Address 28741 SOUTH CARGO COURT, UNIT #2 BONITA SPRINGS, FL 34135
2. Principal Place of Business 3900 Arnold Ave Suite, Apt. #, etc. Naples, FL City & State	3. Mailing Address 3900 Arnold Ave. Suite, Apt. #, etc. Naples, FL City & State	 <input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES
4. FEI Number 65-0712052	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
Zip 34104.	Country	Zip 34104.
6. Name and Address of Current Registered Agent DORESTE, GUMELL 276 1ST STREET SW NAPLES, FL 34117		7. Name and Address of New Registered Agent Name <b>Mario Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) 3799 White Blvd Naples, FL City <b>Naples, FL</b> <b>FL</b> <b>34117.</b>
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: <u>Mario Rodriguez.</u> <span style="float: right;">DATE: <u>3/14/03</u></span>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GUMELL, DORESTE 276 FIRST STREET S.W. NAPLES, FL 34117	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TRUJILLO, JOEL 191 1ST STREET SW NAPLES, FL 34117	<input type="checkbox"/> Change <input type="checkbox"/> Addition V. President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete PASCUAL, DORESTE 16330 S.W. 107 AVENUE MIAMI, FL 33157	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete RODRIGUEZ, MARIO 922 SUMMERFIELD DR. NAPLES, FL 34120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President. 3799 White Blvd. Naples, FL 34117.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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)(1), 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		(239) 253-0359. <small>Original Phone #</small>

CRF6034 (10/02)