

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000020712

FILED
Apr 29, 2003
Secretary of State

Entity Name: ELGENETTE WILLIAMS TILE, INC.

Current Principal Place of Business:

1131 FLORIDA AVE
CLEWSTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

1131 FLORIDA AVE
CLEWISTON, FL 33440 US

New Mailing Address:

FEI Number: 65-0727808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, ELGENETTE
1131 FLORIDA AVENUE
CLEWISTON, FL 33440

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, ELGENETTE
Address: 1131 FLORIDA AVE
City-St-Zip: CLEWISTON, FL 33440

Title: ST () Delete
Name: EVERETT, WINNIE
Address: 1131 FLORIDA AVE
City-St-Zip: CLEWISTON, FL 33440

Title: M () Delete
Name: BLACKMAN, CLARENCE
Address: 1131 FLORIDA AVE
City-St-Zip: CLEWISTON, FL 33442

Title: T () Delete
Name: WILLIAMS, BENNIE
Address: 1131 FL AVE
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELGENETTE WILLIAMS

PRES

04/29/2003

Electronic Signature of Signing Officer or Director

Date