2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P97000041315

1. Entity Name

ROB'S CERAMIC TILE INC



FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90120 038 ***150.00

HOD 3 OL	TOTAL INC				7					
Principal Place of Business 1915 TAHITI PLACE KISSIMMEE FL 34741		1915	Mailing Address 1915 TAHITI PLACE KISSIMMEE FL 34741				IBNN 88111 81		11 88 1 8 112 1 88 1	
		1 - 173		····						
2. Principal Place of Business		3. Mai	3. Mailing Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City	& State		4.	4. FEI Number 59-3449877 Applied For Not Applicabl				
Zip	Country	Zip		Country	5.	Certificate of Status Desired		8.75 Add ee Required		
	6. Name and Address of Curre	nt Registere	ed Agent		7.	Name and Address of New Reg	istered A	gent		ĺ
	<u> </u>			Name						Í
	ROBERT JR		Street Address			(P.O. Box Number is Not Acceptable)				
1915 TAH						· <u>-</u> ,				
KISSIMME	E FL 34741			City			FL	Zip Code	e	
9 The above	named entity submits this statement	for the pure	nose of changing its re	aistered office or reg	istered ag	gent, or both, in the State of Floric	la. I am fa	miliar with,	and accept	
the obligati	ons of registered agent.		3 3	-						
	and the state of									١.
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if app	olicable. (NOTE: F	tegistered Agent signature rec	quired when r	reinstating)	DATE			
FI	LE NOW!!! FEE IS \$150.00				-	9. Election Campaign Finan	ncina	\$5.0	10 May Be	
" After	May 1, 2003 Fee will be \$550.0	0				Trust Fund Contribution.			to Fees	
Make Check	Payable to Florida Department	of State			<u> </u>		COO AND	DIRECTOR	C IN 11	
10.	OFFICERS AN	ID DIRECTO		11.	AI	DDITIONS/CHANGES TO OFFIC	ERS AND	Change		2
TITLE	PSTD		Delete	TITLE NAME				Onlarige .	☐ Addition	CR2F034 (10/02)
NAME STREET ADDRESS	ROBERT BINTER JR			STREET ADDRESS					ļ	12
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STREET ADDRESS	1915 TAHITH PLACE			STREET ADDRESS						ĺ
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12. 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 turtner certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turtner 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date