## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 17, 2002 8:00 am Secretary of State

1. Entity Nam	MENT# P970000 Wholesale Tile,		0	4-17-200	2 90164 0	06 ***	150.00					
1	DO NOT WRITE											
2. Principal Place of Business 3. Mailing Address Same												
3/0/ 22 4 /4 10   Same   Suite, Apt. #, etc.   Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE						
Cin & State City & State										pplied For	7	
J.F. 1	St. Petersburg-FL					-59-344	9095			lot Applicable	4	
337/3	Sountry USA	Zip —	Cour	ntry •	5.	Certificate of Status	Desired		<b>3.75</b> Ad e Requir			
					7. Name and Address of Current Registered Agent							
DO NOT WRITE					Name  Name  Street Address (P.O. Box Numbor is Not Agceptable)							
												IN THIS SPACE
			J	City 17	· . //-	· Dal			Zip Coo	de	-	
					ne llas	FARK		FL	Zip Coo <b>337</b>	82	4	
8. The above	named entity submits this statement for	the purpose of changing its i	register	ed office or i	egistered ag	gent, or both, in the	State of Flor	ida.	/ .			
CKCNIATURE	Coursed V	Same						4/	Q/ E	2		
SIGNATURE.	Signature) typed or printed name of registered ogeni ar	d tide d applicable. (NOTE	Registere	d Agent signatur	e required when o	esnstating)		TATE.	/	~~		
9. This corporation is eligible to satisfy its Intengible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May After May 1, I Amended U Make Check Payable				is \$550.00 is \$61.25		10. Election Ca Trust Fund	mpaign Fina Contribution			00 May Be d to Fees		
11.	OFFICERS AND D	IRECTORS									]_	
TITLE	President Director		Tifu	- ì							CR2E034B (12/01)	
NAME STREET ADDRESS	Kay J. Samec 3161 22rd Ave N		NAM STRE	EET ADORESS							2	
CITY-ST-ZIP		33//3		-SI-ZIP							)34E	
TITLE	VICE PRESIDENT		TITL	E					·		ZEC	
NAME:	Hdi K. Samec		NAM	1							12	
STREET ADDRESS CITY-ST-ZIP	3101 22nd Ave, N			ET ADDRESS					_			
	St. Petersburg, Fr	33//3	TITU								-	
title Name			NAM	1								
STREET ADORESS			STRE	ET AUDRESS		DO N	IOT I	A/DIT	<b>–</b>			
CITY-ST-ZIP	ZIP			-ST-ZIP		יו טט וי	UI I	AALCII	<u></u>			
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NAME STREET ADDRESS			NAM	E ADDRESS		2.4 # #		. , .	-		}	
City-St-ZiP			•	-ST-ZIP								
MTLE			TITLI								1	
NAME.			NAM									
STREET ADORESS				ET ADDRESS -ST-ZIP		*.<						
CHY-SI-ZIP			-1		·		·				-	
TITLE NAME			TITLE	1								
1			ı	ET ADDRESS								
CITY-ST-ZIP			CITY	-ST-ZIP		·	-					
13. I hereby of indicated of the corpattachmen	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trusted emport with an address, with all other like emports.	his filing does not qualify for rue and accurate and that m wered to execute this report powered.	the exe y signa az req	mption state ture shall ha- uired by Cl	d in Section ve the same opter 607, Flo	1 19.07(3)(i). Florida legal effect as if ma orida Statutes: and	Statutes, i incle under or that my name	further certify ath; that I am ne appears in	that the an office a Block 1	information r or director 1 or on an		