

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90027 033 ***150.00

DOCUMENT # P97000049969

1. Entity Name

EUROTECH TILE & MARBLE, INC.



Principal Place of Business

493 SE MONTEREY RD
STUART FL 34994
US

Mailing Address

493 SE MONTEREY RD
STUART FL 34994
US

2. Principal Place of Business

493 SE Monterey Rd
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc. Same



MOORE CR2E034 (11/03)

City & State

Stuart, FL 34994

City & State

Same

4. FEI Number

65-0765872

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOZENBURY, KEITH
792 RIVER CT
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Keith Bozenbury

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOZENBURY, KEITH	
STREET ADDRESS	792 RIVER CT	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NEIMAN, WILLIAM JOHN	
STREET ADDRESS	792 RIVER CT	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLS, RICHARD--	
STREET ADDRESS	792 RIVER CT	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

Keith Bozenbury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #