

**FILED**

**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000107244

1. Entity Name  
**TILE MASTERS OF THE UNIVERSE, INC.**



Principal Place of Business	_____	Mailing Address	_____
3900 POWELL ROAD, NW		3900 POWELL ROAD, NW	
PALM BAY, FL 32907		PALM BAY, FL 32907	

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3483220	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERMEL, A MICHELE W  
3900 POWELL ROAD, NW  
PALM BAY, FL 32907

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of ☒ using its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of, registered agent.

SIGNATURE \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BERMEL, JAMES E
STREET ADDRESS	3900 POWELL RD NW
CITY-ST- ZIP	PALM BAY, FL 32907

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/11/05-80050-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does or indicated on this report or supplemental report is true and accurate of the corporation or the receiver/trustee empowered to execute, changed, or on an attachment with an address, with all other like powers.

I certify for the exemption stated in Section 119.07(3)(f), Florida Statutes, and that my signature shall have the same legal effect as if made under oath, and that my signature is required by Chapter 607, Florida Statutes; and that my name is duly authorized to sign this report as required by Chapter 607, Florida Statutes; and that my name is duly authorized to sign this report as required by Chapter 607, Florida Statutes.

I further certify that the information  
oath; that I am an officer or director  
e appears in Block 10 or Block 11 if

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #