2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 13, 2000 8:00 am
Secretary of State
05-31-2000 90049 010 ***150.00

DOCUMENT # P98000012943

1. Entity Name
PIONEER TILE INSTALLATION INC

Principal Place of Business	Mailing Address
3129 Yule Tree Dr Edgewater Fl 32141	3129 Yule Tree Dr Edgewater Fl. 32141

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
606 N Pine St		606 N Pine St	
Suite, Apt #, etc. #UP		Suite, Apt. #, etc. #UP	
City & State: New Smyrna Bch Fl		City & State: New Smyrna Bch Fl	
Zip: 32169	Country: USA	Zip: 32169	Country: USA

4. FEI Number: 59-3491370 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Michael E Cook
3129 Yule Tree Dr
Edgewater Fl
32141

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 606 N Pine St
City New Smyrna Bch FL Zip Code 32169

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.

SIGNATURE ________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Cook, Michael E 3129 Yule Tree DR Edgewater Fl	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	606 N Pine St #UP New Smyrna Bch Fl	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael E Cook Pres. Michael E Cook 05 01 00 904-409-8034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #