FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 24, 2002 8:00 am Secretary of State P98000029786 DOCUMENT # 1. Entity Name 01-24-2002 90181 026 \*\*\*158 TILE & MARBLE CONSULTING BY WALDEMAR, INC. Principal Place of Business Mailing Address 6395 OCEAN DRIVE 6395 OCEAN DRIVE MARGATE FL 33063-7022 MARGATE FL 33063-7022 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0833060 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUZWIK, WALDEMAR Street Address (P.O. Box Number is Not Acceptable) 6395 OCEAN DRIVE MARGATE FL 33063-7022 Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE Change ☐ Addition NAME Juzwik, Waldemar NAME 6395 OCEAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063-7022 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eand that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with indicated on this report or supplemental personal.

SIGNATURE:

of the corporation or the receiver or tri changed, or on an attachment with a