

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90017 040 ***150.00

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DOCUMENT # P98000041725

1. Entity Name
A KRUGER TILE, INC.

Principal Place of Business
**4649 ARTHUR DURHAM DR.
 JACKSONVILLE FL 32210**

Mailing Address
**4649 ARTHUR DURHAM DR.
 JACKSONVILLE FL 32210**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
455 Trout River Dr.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 43190
 Suite, Apt. #, etc.

City & State
JAY FL

City & State
Jacksonville, FL

4. FEI Number **59-3510741**

Applied For
 Not Applicable

Zip **32208** Country **USA**

Zip **32203** Country **USA**

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

6. Name and Address of Current Registered Agent

**PLEIMAN, THOMAS C JR.
 9471 BAYMEADOWS RD
 STE 308
 JACKSONVILLE FL 32256**

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.

SIGNATURE _____ (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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	P	<input type="checkbox"/> Delete
NAME	KRUGER, RONNY	
STREET ADDRESS	4649 ARTHUR DURHAM DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VST	<input type="checkbox"/> Delete
NAME	KRUGER, SHERRY P	
STREET ADDRESS	4649 ARTHUR DURHAM DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sherry P. Kruger Date: 1/22/02 Daytime Phone #: 904-771-2500

CR2E034 (9/01)