2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000041725

1. Entity Name

A KRUGER TILE, INC.



Apr 16, 2003 8:00 am & Secretary of State **FILED**

	•		COD WE THE	}		
Principal Plac 455 TROUT RI JACKSONVILLI		Mailing Address P.O. BOX 43190 JACKSONVILLE FL 32203				
2. Principal F	Place of Business Beach Blud.	3. Mailing Address 14,286-19 But	ach Blud		† 81881 1984 1 98 18 1984 9 84 1981	
Suite, Apt. #, etc. Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	FL	City & State Jax 7L		4. FEI Number 59-3510741	Applied For Not Applicable	
Zip 322		^{zig} 32250	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	None	7. Name and Address of New Registere	1 Agent	
PLEIMAN, THOMAS C JR. 9471 BAYMEADOWS RD STE 308			Name Street Address	Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32256			City	F	Zip Code	
the obligat	tions of registered agent.	or the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I as	n familiar with, and accept	
SIGNATURE .	Signature, typed or printed pame of registered agent	and title if applicable. (NOTE	Registered Agent signature requir	red when reinstating) DATE		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of		11.	S. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AF	\$5.00 May Be Added to Fees	
TITLE	D.	Delete	TITLE	7,007,101.107,017,44020 10 01 1102130 14	☐ Change ☐ Addition	
NAME STREET ADDRESS SITY-ST-ZIP	KRUGER, RONNY 4649 ARTHUR DURHAM DR JACKSONVILLE FL 32210	L.J. Detete	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE: NAME STREET ADDRESS DITY-ST-ZIP	VST KRUGER, SHERRY P 4649 ARTHUR DÜRHAM DR JACKSONVILLE FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and the second of th	_ □ Delete	NAME STREET ADDRESS CITY-ST-ZIP	State & State of Contract of State of S	☐ Change ☐ Addition	
ITLE IAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
IITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s	☐ Change ☐ Addition	
indicated	on this report or supplemental report i	s true and accurate and that m	v signature shall have the	Section 119.07(3)(i), Florida Statutes, I further of same legal effect as if made under oath; that 107, Florida Statutes; and that my name appears	l am an officer or director	