2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P98000051033

PHIL GRIFFIN CUSTOM TILEWORKS CORPORATION



FILED F1LED
Feb 14, 2003 8:00 am
Secretary of State

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Principal Place of Business 2824 ANTHONY STREET TAMPA FL 33619			Mailing Address 2824 ANTHONY STREET TAMPA FL 33619											
2. Principal Pla	Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Curren GRIFFIN, PHILLIP R 2824 ANTHONY STREET TAMPA FL 33619 The above named entity submits this statement the obligations of registered agent. GNATURE Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 lake Check Payable to Florida Department. O. OFFICERS AN OFFICERS AN GRIFFIN, PHILLIP R REET ADDRESS 2824 ANTHONY STREET			3. Mailing Address			- ·							
Suite, Apt. #	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State)		City	& State		<u> </u>	4.	El Number	59-3561695	Applied For Not Applicable Sesired Ses.75 Additional Fee Required of New Registered Agent coceptable) FL Zip Code tate of Florida. I am familiar with, and accept DATE spaign Financing \$5.00 May Be				
Zip Country			Zip Coun			гу	5. (5. Certificate of Status Desired						
	6. Name at	nd Address of Curre	nt Registere	d Agent				Name and A	ddress of New F	legistered	Ager	ıt		
	0. 110.110 4					Name			-					
griffin, f	PHILLIP R				-	Street Addre	ess (P.O. B	lox Number i	is Not Acceptable	e)				
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TAMPA FL 33619									l .					
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The above the obligati	named entity s ions of register	ubmits this statemen ed agent.	t for the purp	ose or changing its	registere	a onice or regi	istered ag	jerne, er bear,						
	· ·	-												
SIGNATURE	Signature, typed or	printed name of registered ag	jent and title if app	ficable. (NOT	E: Registered	Agent signature rec	quired when r	einstating)		DATE				
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10.				PRS	11.		ΑI	DOITIONS/C	HANGES TO OF	ICERS A				
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indicated	d on this report	information supplied or supplemental reperence or trustee on the characteristic supplies that an address that the control of t	ort is true and amoowered to	accurate and that execute this repor	rt as reou	emption stated ature shall have ired by Chapte	in Section the same er 607, Flo	n 119.07(3)(i e legal effect rida Statutes), Florida Statutes : as if made unde s; and that my nar	r oath; tha ne appea	t I am rs in B	an officion	er or director or Block 11 i	

SIGNATURE: