

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90235 016 \*\*\*150.00

DOCUMENT# *P98000066178*  
1. Entity Name  
*Tip Top Tile and Marble Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*4435 SE 10th Pl.*  
Suite, Apt. #, etc.

3. Mailing Address  
*4435 SE 10th Pl.*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Cape Coral FL*  
Zip  
*33904*  
Country  
*LEE*

City & State  
*Cape Coral FL*  
Zip  
*33904*  
Country  
*LE*

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Jason Robinette*  
Street Address (P.O. Box Number is Not Acceptable)  
*4435 SE 10th Pl.*

City  
*Cape Coral* FL Zip Code  
*33904*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-26-03*

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*President*  
*Jason James Robinette*  
*4435 SE 10th Pl.*  
*Cape Coral FL 33904*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Assistant Secretary*  
*Toni Robinette*  
*4435 SE 10th Pl.*  
*Cape Coral FL 33904*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Treasurer*  
*James Robinette*  
*4435 SE 10th Pl.*  
*Cape Coral FL 33904*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-26-03*

Date

Daytime Phone #

*239(470-1648)*

CR2E034B (12/02)