2001 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2001 8:00 am DOCUMENT # P98000067843 **Secretary of State** ELEGANT TILE & MARBLE, INC. 01-31-2001 90276 050 ***150.00 Principal Place of Business Mailing Address 2226 137H STREET NORTH 2226 13TH STREET NORTH NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address 634-1015 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 59-3527227 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 9460 BLANCO, JULIO Street Address (P.O. Box Number is Not Acceptable) 2226 13TH ST N NAPLES FL 34103 City 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. (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 filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Change TITLE TITLE SILVA, JENERITA NAME NAME 2226 13TH STREET NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P NAPLES FL 34103 ☐ Addition ☐ Change TITLE TITLE BLANCO, JULIO NAME NAME 2220 13TH STREET NORTH 634-101 STAV N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 Nofly F2 34/08 CITY-ST-ZIP---Addition TITLE Delete TITLE ☐ Change NAME Blanco, Julio Y NAME STREET ADDRESS STREET ADDRESS 634-101 ST AVE N CITY-ST-ZIP CITY-ST-ZIF TITI E ☐ Defete 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

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 attactorien) with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//24/01 Date

Daytime Phone #