

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2002

DOCUMENT # P98000103345

1. Entity Name
ELLIOTT'S PRECISION TILE SERVICE, INC

DO NOT WRITE IN THIS SPACE

FILED

02 APR 16 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

01-02

2. Principal Place of Business
617 BARONET DRIVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1480
Suite, Apt. #, etc.

City & State
HOLMES BEACH, FL
Zip 34217 Country USA

City & State
ANNA MARIA, FL
Zip 34216 Country USA

4. FEI Number
65-0880842
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
ELLIOTT, JACK
Street Address (P.O. Box Number is Not Acceptable)
617 BARONET DRIVE
City HOLMES BEACH FL Zip Code 34217

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. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ELLIOTT, JACK PO Box 1010 ANNA MARIA, FL 34216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300005449503--8 -05/03/02--01036--020 ****300.00 ****300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAEDING, CHRISY 30 EGRET LANE AUSO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/8/2002

Date Daytime Phone #

CR2E034B (12/01)