## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

Principal Place of Business

VERO BEACH FL 32963

645 BEACHLAND BOULEVARD

P98000107014

Mailing Address

645 BEACHLAND BOULEVARD

VERO BEACH FL 32963

1. Entity Name

CITY-ST-ZIP

ISLAND TILE & STONE, INC.



**FILED** Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90059 007 \*\*\*150.00



2. Principal Place of Business 3. Mailing Address						CHECK HERE IF MAKING CHANGES				
Suite, Apt	t. #, etc.	Suite Apt. #Jetc.								
City & Sta	ate	City & State	City & State			4. FEI Number 65-0899629			Applied For Not Applicable	
Zip Country Zip			Country			Certificate of Status Desired	cate of Status Desired			
	6. Name and Address of Current F	Registered Agent		-	7.	Name and Address of New Re	gistered Ag	jent .		4
				Name						
FOURMONT, LAURIE A				Street Address (P.O. Box Number is Not Acceptable)						
645 BEACHLAND BOULEVARD										1
vero be	ACH FL 32963									ı
•				City			FL	Zip Coo	le	1
the obliga	e named entity submits this statement for ations of registered agent.	the purpose of changing i	its registere	ed office or regis	stered ag	gent, or both, in the State of Flor	ida. I am fai	miliar with,	and accept	1
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NC	OTE: Registere	Agent signature requ	ired when	reinstating)	DATE		<u> </u>	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND D	DIRECTORS	11.		Al	ODITIONS/CHANGES TO OFFIC	CERS AND D	DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOURMONT, LAURIE A 645 BEACHLAND BOULEVARD VERO BEACH FL 32963	☐ Delete			5			Change Change	Addition	100,000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARISIAN, RANDY 645 BEACHLAND BOULEVARD VERO BEACH FL 32963	☐ Delete		4			(	Change Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ □ Delete		ET ADDRESS	JT Surr	nont Daniel Seachland Blvd Seach FL 3291	#4	☐ Change	<b>X</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					(	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete					[	Change	☐ Addition	
TITLE NAME STREET ADDRESS	12 6 111 11.5	Delete	TITLE NAME STREE				, [	Change	Addition	
	1									

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: