

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90067 016 \*\*\*150.00

**DOCUMENT # P99000011387**1. Entity Name  
**J&J TILE, INC.**Principal Place of Business  
**12944 61 LANE NORTH  
WEST PALM BEACH FL 33412**Mailing Address  
**12944 61 LANE NORTH  
WEST PALM BEACH FL 33412****B0135185**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0892177**Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SCHMIDT, JOHN C JR.  
12944 61 LANE NORTH  
WEST PALM BEACH FL 33412**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(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) ☐**FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete  
NAME **SCHMIDT, JOHN C JR.**  
STREET ADDRESS **12944 61 LANE NORTH**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**TITLE ☐ Change ☐ Addition  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8/21/02**  
Date**561-722-4942**  
Daytime Phone #

CR2E034 (4/02)

Attachment

P990000011387

To Whom it May Concern:

8/31/02

This is the second year in a row  
I did not receive my 1<sup>st</sup> Notice. I called  
last week & someone told me to write a  
note & mail in the \$150.00 fee.

Thank you

John Schmitt

Pres J & J Tile Inc.