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FILED
Sep 18, 2002 8:00 am
Secretary of State

08-21-2002 90086 031 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015656

1. Entity Name
TILE AND PREP INC.

Principal Place of Business

Mailing Address

4507 101ST ST. W.
 BRADENTON FL 34210

4507 101ST ST. W.
 BRADENTON FL 34210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0118658**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILES, DAVID W
4707 101ST ST. W.
BRADENTON FL 34210

7. Name and Address of New Registered Agent

Name **WILLETTA J. GILES**
 Street Address (P.O. Box Number is Not Acceptable)

4507 101 St West

City **Bradenton**

FL

Zip Code
34210

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 **WILLETTA J. GILES**
 Signature, typed or printed name of registered agent and title if applicable

WILLETTA J. GILES
 (NOTE: Registered Agent signature required when changing)

9-3-02
 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

TITLE **D**
 NAME **GILES, DAVID W**
 STREET ADDRESS **4501 101ST ST. W.**
 CITY-ST-ZIP **BRADENTON FL 34210**

☐ Delete

TITLE **D**
 NAME **SHOULDERS, KENNETH**
 STREET ADDRESS **P. O. BOX 1512 N/A**
 CITY-ST-ZIP **ONECO FL 34284**

☒ Delete

TITLE
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **WILLETTA J. GILES**
 NAME **4507 101 St. W.**
 STREET ADDRESS **Brad, FL 34210**
 CITY-ST-ZIP **SECRETARY**

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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: **David W. Giles**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president

Date

94-72-5843
 Daytime Phone #

CR2E034 (4/02)