## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 05, 2001 8:00 am Secretary of State DOCUMENT # **P99000027343** CHICO'S CERAMIC TILE, INC. 03-05-2001 90341 030 \*\*\*150.00 Principal Place of Business Mailing Address 71 ROCKEFELLER DRIVE P.O. BOX 354221 PALM COAST FL PALM COAST FL 32135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3570151 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Г Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. LOPES, FRANCISCO J Street Address (P.O. Box Number is Not Acceptable) 71 ROCKEFELLER DRIVE PALM COAST FL 32137 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (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 filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition LOPES, FRANCISCO J NAME NAME STREET ADDRESS P.O. BOX 354221 STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32135 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE -- Delete --Change Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

rancisco l

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: