^ 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE:

Aug 03, 2000 8:00 am Secretary of State DOCUMENT # P99000029829 1. Entity Name RELIABLE TILE & FLOORING, INC. 08-03-2000 90029 003 ***150.00 Mailing Address Principal Place of Business 4159 HARBOR BLVD. 4159 HARBOR BLVD. PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 75000 59 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARSHALL, PAUL G Street Address (P.O. Box Number is Not Acceptable) 111 W. OLYMPIA AVE PUNTA GORDA FL 33950 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Change Addition TITLE ☐ Delete TITLE BLAIR, ARNOLD J NAME NAME STREET ADDRESS STREET ADDRESS 4159 HARBOR BLVD. CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete TITLE Change Addition TITLE BLAIR, PAULA J NAME NAME STREET ADDRESS STREET ADDRESS 4159 HARBOR BLVD CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete ☐ Change ☐ Addition TITLE TITLE BLAIR, PAULA J NAME NAME STREET ADDRESS STREET ADDRESS 4159 HARBOR BLVD CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tF CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME 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

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