

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90234 022 ***150.00

DOCUMENT # P99000029829

1. Entity Name
RELIABLE TILE & FLOORING, INC.



Principal Place of Business
**4159 HARBOR BLVD.
PORT CHARLOTTE FL 33952**

Mailing Address
**4159 HARBOR BLVD.
PORT CHARLOTTE FL 33952**

2. Principal Place of Business
4159 Harbor Blvd
Suite, Apt. #, etc.

3. Mailing Address
4159 Harbor Blvd
Suite, Apt. #, etc.

City & State
Port Charlotte FL
Zip
33952 Country
U.S.

City & State
Port Charlotte, FL
Zip
33952 Country
U.S.

4. FEI Number **59-3575000**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BLAIR PAULA J
4159 HARBOR BLVD
PORT CHARLOTTE FL 33952**

7.. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BLAIR, ARNOLD J	
STREET ADDRESS	4159 HARBOR BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLAIR, PAULA J	
STREET ADDRESS	4159 HARBOR BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BLAIR, PAULA J	
STREET ADDRESS	4159 HARBOR BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Signature of Blair President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-803 (94) 743-2731
Date Daytime Phone #

CR2E034 (10/02)