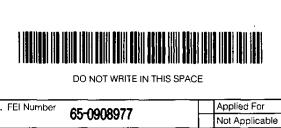
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000030828** COMPLETE TILE SERVICE OF SW FL, INC. Principal Place of Business Mailing Address 523 HUNTER LANE 523 HUNTER LANE **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0908977 Zip Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name .MUSCARA, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) **523 HUNTER LANE BRADENTON FL 34202** City 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)

Mar 12, 2001 8:00 am Secretary of State

03-12-2001 90022 014 ***150.00



\$8.75 Additional

Zip Code

Daytime Phone #

Fee Required

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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TIT) F ☐ Delete TITLE NAME NAME MUSCARA. CHRISTOPHER STREET ADDRESS STREET ADDRESS **523 HUNTER LANE** CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME MUSCARA, KARLA STREET ADDRESS STREET ADDRESS **523 HUNTER LANE** CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34202 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE -Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE 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 of 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 that address, with all other like empowered.

SIGNATURE: