2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9900058668 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name J & K TILE, INC. 09-18-2000 90021 048 ***550.00 Mailing Address Principal Place of Business 257 EMERSON DRIVE NW 257 EMERSON DRIVE NW PALM BAY FL 32905 PALM BAY FL 32905 2. Principal Place of Business 3. Mailing Address 257 Emerson Dr NW EMULSON DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1358 422 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Breva q Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name JACOBY, DAVID H Street Address (P.O. Box Number is Not Acceptable) 1581 ROBERT J. CONLAN BLVD, NE, SUITE 100 PALM BAY FL 32905 City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition PTD ☐ Delete TITLE TITLE MISTELE. KENNITH J NAME NAME STREET ADDRESS STREET ADDRESS 3823 STERLING ST CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 Change **VSD** Delete TITLE ☐ Addition TITI F NARBUTH, JOHN J NAME NAME STREET ADDRESS STREET ADDRESS 257 EMERSON DRIVE NW CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 ☐ Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE [] Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 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 extrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rec changed, or on an attachme

address, v

SIGNATURE: