

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAY 14 PM 3:02

DOCUMENT # P99000063637

1. Entity Name  
SOUTHERN TILE & REMODELING INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2070 NE 27 ST  
Suite, Apt. #, etc.

3. Mailing Address  
2070 NE 27 ST  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
LIGHTHOUSE POINT FL  
Zip  
33064 Country

City & State  
LIGHTHOUSE POINT FL  
Zip  
33064 Country

4. FEI Number  
65-0935137  
Applied For  
☐ Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name BORN GREGORY  
Street Address (P.O. Box Number is Not Acceptable)  
2070 NE 27 ST  
City LIGHTHOUSE POINT FL Zip Code 33064

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]  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

5/9/02  
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

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

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME P/D BORN GREGORY  
STREET ADDRESS 2070 NE 27 ST  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE  
NAME V-P/D BORN CHRISTOPHER  
STREET ADDRESS 2070 NE 27 ST  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**500005508495--3**  
-05/14/02--01006--008  
\*\*\*\*150.00 \*\*\*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GREGORY BORN

5/9/02 954-444-0726  
Date Daytime Phone #

CR2E034B (12/01)