

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000076108**1. Entity Name
TILE CONCEPTS, INC.

Principal Place of Business

2685 - A TAMiami TRAIL

PORT CHARLOTTE
33952

FL

Mailing Address

21814 CRITTENDON STREET

NORTH PORT
34286

FL

2. Principal Place of Business
2227 MURPHY COURT3. Mailing Address
4458 OAKLEY COURTSuite, Apt. #, etc.
UNIT 4

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH PORT FLCity & State
NORTH PORT FL4. FEI Number
65-0947995

Applied For

Not Applicable

Zip
34286

Country

Zip
34286

Country

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

6. Name and Address of Current Registered Agent

BUNKLEY JOHNIE L
21814 CRITTENDON STREETNORTH PORT
34286

FL

7. Name and Address of New Registered Agent

Name

BUNKLEY JOHNIE L

Street Address (P.O. Box Number is Not Acceptable)
4458 OAKLEY COURTCity
NORTH PORT

FL

Zip Code
34286

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 _____ **04/24/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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 BUNKLEY JAMIE ☐ Delete
STREET ADDRESS 2814 CRITTENDON STREET
CITY-ST-ZIP NORTH PORT FL 34286TITLE
NAME BUNKLEY JOHNIE L ☐ Delete
STREET ADDRESS 2814 CRITTENDON STREET
CITY-ST-ZIP NORTH PORT FL 34286TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME BUNKLEY JAMIE ☒ Change ☐ Addition
STREET ADDRESS 4458 OAKLEY COURT
CITY-ST-ZIP NORTH PORT FL 34286TITLE
NAME BUNKLEY JOHNIE L ☒ Change ☐ Addition
STREET ADDRESS 4458 OAKLEY COURT
CITY-ST-ZIP NORTH PORT FL 34286TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE K BUNKLEY

ST

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)