

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/

FILED
May 30, 2003 8:00 am
Secretary of State

05-01-2003 90791 015 ***150.00

DOCUMENT # P990000083480

1. Entity Name
TUFTS 'N TILE, INC.



Principal Place of Business
**4918 MINEOLA PLACE
PALM HARBOR FL 34684**

Mailing Address
**4918 MINEOLA PLACE
PALM HARBOR FL 34684**

55045093



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3596787

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LABRECQUE, EDWARD O
1208 NEBRASKA AVENUE
PALM HARBOR FL 34683~~

**NEW
ACCOUNTANT**

Name **MICHAEL E. STEUER, CPA, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
**2615 BECCORST DR.
DUNEDIN, FLA. 34698**
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 *Michael E. Steuer, CPA*

5/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEES \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **D SAMAY, DAVID** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **4918 MINEOLA PLACE
PALM HARBOR FL 34684**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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: *David J. Samay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

**727
7845830**
Daytime Phone #

CP2E034 (10/02)