

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91879 011 ***150.00

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DOCUMENT # P99000103513

1. Entity Name
ROBERT HERNANDEZ TILE, INC.



Principal Place of Business
**7032 CITRUS POINT COURT
WINTER PARK FL 32792**

Mailing Address
**7032 CITRUS POINT COURT
WINTER PARK FL 32792**

2. Principal Place of Business
1129 Cardinal Creek Place
Suite, Apt. #, etc.

3. Mailing Address
1129 Cardinal Creek Place
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Oviedo, FL

City & State
Oviedo, FL

4. FEI Number
59-3611557

Applied For
☐ Not Applicable

Zip
32765

Country
USA

Zip
32765

Country
USA

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

6. Name and Address of Current Registered Agent

**PRATT, JAMES R
369 N. NEW YORK AVE.
3RD FLOOR
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HERNANDEZ, ROBERTO A
7032 CITRUS POINT COURT
WINTER PARK FL 32792** ☐ Delete **1129 Cardinal Creek Pl Oviedo, FL 32765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HERNANDEZ, LYNELL M
7032 CITRUS POINT COURT
WINTER PARK FL 32792** ☐ Delete **1129 Cardinal Creek Pl Oviedo, FL 32765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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: **Lynell M. Hernandez** **Lynell M Hernandez** **4/30/03** **407-679-5268**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)