

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

DOCUMENT # **598908**

1. Entity Name

**FACTORY TILE WAREHOUSE, INC**

**FILED**

02 OCT 17 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**600008421326--7**

**-10/17/02--01035--001**

**\*\*\*\*150.00 \*\*\*\*150.00**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**992 N. SEMORAN BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**992 N. SEMORAN BLVD**

Suite, Apt. #, etc.

City & State

**ORLANDO, FLORIDA**

City & State

**ORLANDO, FLORIDA**

4. FEI Number

**59-3094463**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**WILLIAM J. DIAZ**

Street Address (P.O. Box Number is Not Acceptable)

**992 N. SEMORAN BLVD.**

**ORLANDO, FLORIDA**

City

**FL**

Zip Code

**32807**

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

(NOTE: Registered Agent signature required when resigning)

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  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
DIAZ, WILLIAM J.  
1105 PHEASANT CIRC.  
WINTER SPRINGS, FL. 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE-PRESIDENT  
GAINZA IGNACIO  
1105 PHEASANT CIRC.  
WINTER SPRINGS, FL. 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 information required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**OCT 2nd 2002 (407) 282-0999**

Date

Daytime Phone #

CR2E034B (12/01)

October 2, 2002

Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Attn.: Reinstatement Section

To whom it may Concern:

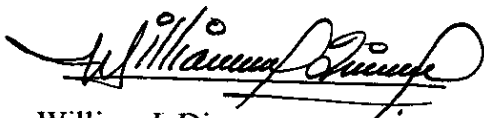
The following letter is to respectfully request that you waive the fee for late filing of the Uniform Business Report, if possible. This year we didn't receive the form or a second Notice. It wasn't until today that I was advised by another department (Division of Workers Compensation) about being late on this report.

Today we contacted by phone, and one of your agents confirmed this situation to us, and gave us guidelines of what to do.

We would also like to ask for you to correct the address of the Current Registered Agent. There is a misprint on the zip code, it should read 32807 and not 32007.

Again, we truly appreciate your time and all the help you can give.

Sincerely,



William J. Diaz  
President  
Factory Tile Warehouse, Inc.

2012  
\* Do Not  
Detach \*