

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V59054**

1. Entity Name

**JEFFREY WOGOMAN TILE, INC.****FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90090 001 \*\*\*150.00

Principal Place of Business

Mailing Address

**17500 ROCKEFELLER CIRCLE  
FT. MYERS FL 33912  
US****17500 ROCKEFELLER CIRCLE  
FT. MYERS FL 33912-5816  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0352728**

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

**WOGOMAN, JEFFREY  
7313 CONSTITUTION CIRCLE  
FT. MYERS FL 33912**

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.

SIGNATURE

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, 2000 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**

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>WOGOMAN, JEFFREY</b> <b>5520 HARBORAGE DR</b> <b>FT. MYERS FL 33908</b>	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		

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 stated 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JEFFREY WOGOMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate: **4-3-00**Daytime Phone #: **941-267-2015**