

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90081 047 ***158.75

DOCUMENT # P93000071389

1. Entity Name
NATIVE TILE, INC.

Principal Place of Business

Mailing Address

3070 N.W. 72ND AVE.
 MARGATE FL 33063

3070 N.W. 72ND AVE.
 MARGATE FL 33763-2240

change

change

00037134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Mark & Colleen Wenger

Mark & Colleen Wenger

Suite, Apt. #, et al. **1806 Springwood Circle N**
Clearwater FL 33763

Suite, Apt. # **1806 Springwood Circle N**
Clearwater FL 33763

City & State

City & State

4. FEI Number **65-0410782**

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

WENGER, MARK
3070 N.W. 72ND AVE.
MARGATE FL 33063

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 *Colleen P Wenger Mark Wenger* **3-9-00**
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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	Mark & Colleen Wenger <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENGER, MARK	NAME	1806 Springwood Circle N <i>address</i>
STREET ADDRESS	3070 NW 72 AVE	STREET ADDRESS	Clearwater FL 33763
CITY-ST-ZIP	MARGATE FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	Mark & Colleen Wenger <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENGER, COLLEEN P	NAME	1806 Springwood Circle N <i>address</i>
STREET ADDRESS	3070 NW 72 AVE	STREET ADDRESS	Clearwater FL 33763
CITY-ST-ZIP	MARGATE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Colleen P Wenger Colleen P Wenger* **3-9-00** **(727) 733-1759**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)