

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90436 017 \*\*\*158.87

**DOCUMENT # P93000071389**

1. Entity Name

**NATIVE TILE, INC.**

Principal Place of Business

**MARK & COLLEEN WENGER  
 1806 SPRINGWOOD CIRCLE N  
 CLEARWATER FL 33763**

Mailing Address

**MARK & COLLEEN WENGER  
 1806 SPRINGWOOD CIRCLE N  
 CLEARWATER FL 33763**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0410782**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	PD <input type="checkbox"/> Delete
NAME	<b>WENGER, MARK</b>
STREET ADDRESS	<b>1806 SPRINGWOOD CIRCLE N</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33763</b>
TITLE	ST <input type="checkbox"/> Delete
NAME	<b>WENGER, COLLEEN P</b>
STREET ADDRESS	<b>1806 SPRINGWOOD CIRCLE</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33763</b>
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01 (727) 733-1757  
 Date Daytime Phone #

CR2E034 (10/00)