

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001458

1. Entity Name

BATHTUB & TILE REGLAZERS, INC.

FILED

01 OCT 18 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300004653213--8

-10/25/01--01049--003

\*\*\*\*758.75 \*\*\*\*758.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
TOSS SW 17 Terr. MIAMI, FL 33155		Same	
2. Principal Place of Business		3. Mailing Address	
Same		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEL Number	Applied For
65-0716346	Not Applicable

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

6. Name and Address of Current Registered Agent

Amalia V. Hubbard  
7055 SW 17 Terr.  
MIAMI, FL 33155

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.

SIGNATURE: Amalia V. Hubbard

DATE: 10/17/01

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	Amalia V. Hubbard		
	7055 SW 17 Terr.		
	MIAMI FL 33155		
VST	Steven R. Hubbard		
	7055 SW 17 Terr.		
	MIAMI, FL 33155		

REINSTATEMENT 01 18

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: Amalia V. Hubbard Amalia V. Hubbard 10/17/01 305-979-0203