

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000083238**

1. Entity Name

CERAMIC TILE MANAGEMENT, INC.**FILED****Mar 06, 2000 8:00 am**
Secretary of State

03-06-2000 90095 031 ***150.00

Principal Place of Business

Mailing Address

**36107 TIMBERTOP LN
FRUITLAND PARK FL 34731-5272****36107 TIMBERTOP LN
FRUITLAND PARK FL 34731-5272**

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

59-3535153

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BAUM, BEVERLY L
36107 TIMBERTOP LN
FRUITLAND PARK FL 34731-5272**

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

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

TITLE	PTC	<input type="checkbox"/> Delete
NAME	BAUM, BEVERLY L	
STREET ADDRESS	3928 FOOTHILLS DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAUM, CLIFFORD A	
STREET ADDRESS	3928 FOOTHILLS DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERRY, LINDA L	
STREET ADDRESS	6730 GOLDENEYE DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, BEVERLY L	
STREET ADDRESS	36107 Timbertop Lane	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, CLIFFORD A	
STREET ADDRESS	36107 Timbertop Lane	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Beverly L. Baum* **BEVERLY L. BAUM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00
Date352-314-9125
Daytime Phone #

CR2E034 (9/99)