

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092890

1. Entity Name
D.J. TILE, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90975 030 ***150.00

Principal Place of Business
1416 NEW YORK AVENUE
ST. CLOUD FL 34769

Mailing Address
1416 NEW YORK AVENUE
ST. CLOUD FL 34769

2. Principal Place of Business
2540 Sage Dr
Suite, Apt. #, etc.

3. Mailing Address
2540 Sage Dr
Suite, Apt. #, etc.

City & State
Kissimmee FL
Zip
34758
Country
Osceola

City & State
Kissimmee FL
Zip
34758
Country
Osceola

4. FEI Number
593633556
APPLIED FOR
Applied For
Not Applicable

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

PINDER, DENNIS
1416 NEW YORK AVENUE
ST. CLOUD FL 34769

Name
Joseph J. Broxterman
Street Address (P.O. Box Number is Not Acceptable)
2540 Sage Dr
City Kissimmee FL Zip Code 34758

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 *Joseph J. Broxterman* 4/24/01
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BROXTERMAN, JOSEPH J 2540 SAGE DRIVE KISSIMMEE FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PINDER, DENNIS 1416 NEW YORK AVE SAINT CLOUD FL 34769 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph J. Broxterman* 4/24/01 407-846-0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)