

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 245713

1. Entity Name

ELLIOTT STONE MARBLE AND TILE COMPANY, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90060 025 \*\*\*150.00

Principal Place of Business

3420 OLD WINTER GARDEN RD  
ORLANDO FL 32805

Mailing Address

3420 OLD WINTER GARDEN RD  
ORLANDO FL 32805-1134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0932482

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

MAGEE, JAMES M.  
226 HILLCREST STREET  
ORLANDO FL 32801

Name

CHARLES F. LUSTIK

Street Address (P.O. Box Number is Not Acceptable)

ELLIOTT STONE MARBLE & TILE

3420 OLD WINTER GARDEN RD

City

ORLANDO

FL

Zip Code  
32805

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]*

CHARLES F. LUSTIK PRESIDENT

3-31-00

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, J W	
STREET ADDRESS	2088 ONETA COURT	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, YVONNE E	
STREET ADDRESS	2088 ONETA CT.	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	CHARLES F. LUSTIK	
STREET ADDRESS	3420 OLD WINTER GARDEN RD	
CITY-ST-ZIP	ORLANDO FL 32805	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

Date

407 295-0781

Daytime Phone #

CR2E034 (9/99)