2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 271071

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

BONNIE TILE CORPORATION

Principal Place of Business
3308 WEST 45TH STREET WEST PALM BEACH FL 33407

2. Principal Place of Business

HUGHES, DENNIS R

9. This corporation is eligible to satisfy its Intangible

HUGHES, DENNIS ROBERT

HUGHES, DENNIS ROBERT

18729 SE LAKESIDE WAY

18729 SE LAKESIDE WAY

DELRAY BEACH FL 33445

18729 SE LAKESIDE WAY

Tax filing requirement and elects to do so.

TEQUESTA FL

TEQUESTA FL

TEQUESTA FL

MARTIN, JODY

4630 PINETREE DR

HUGHES, SUSAN

(See criteria on back)

3308 W 45TH ST W PALM BEACH FL 33407

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

11.

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

3308 WEST 45TH STREET WEST PALM BEACH FL 33407-1920

Country

FILE NOW!!! FEE IS \$150.00

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12.

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

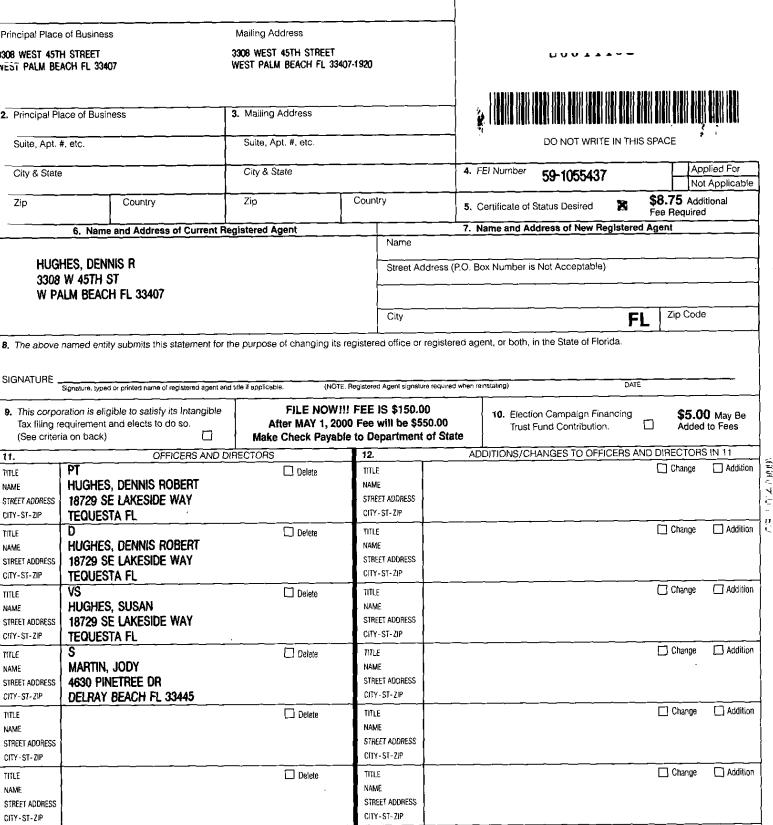
CITY-ST-7IP

Name

City

FILED May 19, 2000 8:00 am Secretary of State

05-19-2000 90098 027 ***158.75



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 of the corporation or the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the re changed, or on an attachment with an add ess, with all other like empowered.

CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 05-01-00 (561) 686-7410