

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90179 029 ***158.75

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DOCUMENT # 271071

1. Entity Name
BONNIE TILE CORPORATION



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

Mailing Address
3308 WEST 45TH STREET
WEST PALM BEACH FL 33407



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1055437**

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

HUGHES, DENNIS R
3308 W 45TH ST
W PALM BEACH FL 33407

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PT HUGHES, DENNIS ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	18729 SE LAKESIDE WAY	
CITY-ST-ZIP	TEQUESTA FL	
TITLE NAME	D HUGHES, DENNIS ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	18729 SE LAKESIDE WAY	
CITY-ST-ZIP	TEQUESTA FL	
TITLE NAME	VS HUGHES, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	18729 SE LAKESIDE WAY	
CITY-ST-ZIP	TEQUESTA FL	
TITLE NAME	S MARTIN, JODY	<input type="checkbox"/> Delete
STREET ADDRESS	4630 PINETREE DR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jody Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 561-686-7410
Date Daytime Phone #

CR2E034 (10/02)