

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 274422

1. Entity Name

CRAIG TILE, INC.

Principal Place of Business

Mailing Address

4801 58TH AVE NO.  
ST. PETERSBURG FL 33714

4801 58TH AVE NO.  
ST. PETERSBURG FL 33714-1024

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

59-1027292

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

NOTTKE, LYNN CAROL  
10242 - 110TH STREET NORTH  
LARGO FL 33778

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 Lynn C. Nottke

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
MONTI, NICHOLAS J  
6633 GREENBRIAR DRIVE  
SEMINOLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CANTO, FRANK A.  
10223 HYALEAH RD  
TAMPA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AV  
WARD, ELLIS L.  
115-90 AVE.  
TREASURE ISLAND FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPT  
NOTTKE, LYNN CAROL  
10242-110 ST., N.  
LARGO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BERECZKI, MARLENE R.  
4940-55 ST. N.  
KENNETH CITY FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AV  
JOHNSON, JERRY D  
13324-92ND AVENUE NORTH  
SEMINOLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

FILED  
Jan 13, 2000 8:00 am  
Secretary of State

01-13-2000 90022 002 \*\*\*158.75

80001399



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)