

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 354505

1. Entity Name

CENTRAL CITIES TILE & MARBLE INC

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90153 034 ***150.00

Principal Place of Business

108 S. JOHN YOUNG PARKWAY
KISSIMMEE FL 34741-5461

Mailing Address

108 S. BERMUDA AVE.
KISSIMMEE FL 34741-5461

2. Principal Place of Business

3. Mailing Address

108 S. John Young Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1292303

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

BARBER, JAMES
3020 TOHOPEKALIGA DR.
ST. CLOUD FL 32769

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

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

(NOTE: Registered Agent's 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 P
NAME BARBER, JAMES L
STREET ADDRESS 3020 TOHOPEKALIGA DR.
CITY-ST-ZIP ST. CLOUD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME CHAMBERS, LINDELL
STREET ADDRESS 5225 INDIANOLA RD
CITY-ST-ZIP ST. CLOUD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME BARBER, SHARON A
STREET ADDRESS 3020 TOHOPEKALIGA DR.
CITY-ST-ZIP ST. CLOUD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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

JAMES L. BARBER 4-30-2001 407-847-5693

Date

Daytime Phone #

CR2E034 (10/00)