

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 450809

1. Entity Name

SIKES TILE DISTRIBUTORS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90228 026 ***158.75

Principal Place of Business

Mailing Address

3498 N. E. 12TH AVE.
POST OFFICE BOX 23038
OAKLAND PARK FL 33307

3498 N. E. 12TH AVE.
POST OFFICE BOX 23038
OAKLAND PARK FL 33307-3038

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

59-1534762

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

SIKES, JR., LEON R
3484 N.E. 12TH AVENUE
OAKLAND PARK FL 33307

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	SIKES, LEON R JR	3498 NE 12TH AVE OAKLAND PARK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V	TRAMONTANA, THOMAS	425 AVON ROAD WEST PALM BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V	BRUCE, WILLIAM	425 AVON ROAD W PALM BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V	SIKES, LEON R, III	791 MONTEREY RD. STUART FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V	CLARK, DAVID	3484 NE 12 AVE OAKLAND PARK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	T	MICHALOSKI, PAUL	3498 N.E. 12TH PARK OAKLAND PARK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

TREASURER

(954) 561-2446

CR2E034 (9/99)