

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 455002

1. Entity Name

AL'S TILE SERVICE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90141 001 ***150.00

Principal Place of Business

9204 25 ST. E.
PARRISH FL 34219-9175

Mailing Address

9204 25 ST. E.
PARRISH FL 34219-9175

2. Principal Place of Business

9210 25TH ST E
Suite, Apt. #, etc.

3. Mailing Address

9210 25TH ST E
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PARRISH FL

City & State

PARRISH FL

4. FEI Number 59-1543150

Applied For

Not Applicable

Zip 34219-9175

Country MANATEE

Zip 34219-9175

Country MANATEE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BADEN, EARL W JR
1101 SIXTH AVENUE WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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, 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

TITLE PD
NAME EDWARDS, ALVIN
STREET ADDRESS 9210 25TH STREET EAST
CITY-ST-ZIP PARRISH FL 34219 ☐ Delete

TITLE VTD
NAME EDWARDS, FRANCES M
STREET ADDRESS 9210 25TH STREET E.
CITY-ST-ZIP PARRISH FL 34219 ☐ Delete

TITLE SD
NAME EDWARDS, BRIAN CHARLES
STREET ADDRESS 9204 25TH ST E
CITY-ST-ZIP PARRISH FL 34219-9175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE SD
NAME EDWARDS, BRIAN CHARLES
STREET ADDRESS 9210 25TH ST E
CITY-ST-ZIP PARRISH FL 34219-9175 ☒ Change ☐ Addition

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

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

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

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: Brian Charles Edwards

BRIAN CHARLES EDWARDS

4-23-01

(941) 776-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)