

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 517257**

1. Entity Name

FRASH TILE & MARBLE, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90117 008 ***150.00

Principal Place of Business

3874 ORANGE LAKE DRIVE
ORLANDO FL 32817

Mailing Address

3874 ORANGE LAKE DRIVE
ORLANDO FL 32792-2763

00015043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2828 Bongart Road

Suite, Apt. #, etc.

3. Mailing Address

2828 Bongart Road

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-1706677

Applied For

Not Applicable

Zip

32792

Country

Orange

Zip

32792

Country

Orange5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FRASH, JAMES R
3874 ORANGE LAKE DR
ORLANDO, FL
32817

7. Name and Address of New Registered Agent

Name

FRASH, JAMES R.

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

2828 Bongart Road

City

Winter Park,**FL**

Zip Code

32792

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

*James R. Frash***James R. Frash President****1/15/00**

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

(NOTE: Registered Agent signature required when reinstalling)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRASH, JAMES R	
STREET ADDRESS	3874 ORANGE LAKE DR	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FRASH, ROSE L	
STREET ADDRESS	3874 ORANGE LAKE DR	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASH, JAMES R.	
STREET ADDRESS	2828 Bongart Road	
CITY-ST-ZIP	Winter Park, FL. 32792	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASH, ROSE L.	
STREET ADDRESS	2828 Bongart Road	
CITY-ST-ZIP	Winter Park, FL. 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rose L. Frash
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**ROSE L. FRASH**

Date

1/15/00

Daytime Phone #

407-671-5456