

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 548620

1. Entity Name

INTERCOASTAL TILE AND MARBLE, INC.

Principal Place of Business

1801 NW 18TH STREET
POMPANO BEACH FL 33069

Mailing Address

1801 NW 18TH STREET
POMPANO BEACH FL 33069-1617

2. Principal Place of Business

5189 NW 15TH STREET

Suite, Apt. #, etc.

3. Mailing Address

5189 NW 15TH STREET

Suite, Apt. #, etc.

City & State

MARGATE, FL 33063

City & State

MARGATE, FL 33063

Zip

Country

Zip

Country

4. FEI Number

59-1779757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYD, JOHN
2400 N.E. 49TH STREET
LIGHTHOUSE PT. FL 33064

7. Name and Address of New Registered Agent

Name

LINDSEY, BILLY

Street Address (P.O. Box Number is Not Acceptable)
10066 CROSSWIND ROAD

City

BOCA RATON

FL

Zip Code
33498

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.

BILLY LINDSEY

SIGNATURE

Billy Lindsey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-00

3-31-00

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

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOYD, JOHN 2400 N.E. 49TH STREET LIGHTHOUSE POINTE FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LINDSEY, BILLY J., SR. 10066 CROSSWINDS ROAD BOCA RATON FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LINDSEY, BILLY 10066 CROSSWIND ROAD BOCA RATON, FL 33498 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LINDSEY, THERESA 10066 CROSSWIND ROAD BOCA RATON, FL 33498 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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.

BILLY LINDSEY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy Lindsey

Date

3-31-00

Daytime Phone #

954-
971-5294



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90100 045 ***150.00