

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 569210

1. Entity Name

DESIGNS IN TILE, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90016 041 ***150.00

Principal Place of Business

5651 N.W. 55 LANE
TAMARAC FL 33319

Mailing Address

5651 N.W. 55 LANE
TAMARAC FL 33319-2450

2. Principal Place of Business

5651 NW 55 Lane

3. Mailing Address

5651 NW 55 Lane

Suite, Apt. #, etc.

Tamarac FL 33319

Suite, Apt. #, etc.

Tamarac FL 33319

City & State

Broward

City & State

Broward

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

FOOTE, JAMES -
5651 N.W. 55TH LANE
FT. LAUDERDALE FL 33319

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: VD
NAME: FOOTE, JAMES
STREET ADDRESS: 5651 N.W. 55 LANE
CITY-ST-ZIP: TAMARAC FL ☐ Delete

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

TITLE: PD
NAME: GRAFF, TERRY
STREET ADDRESS: 624 NW 48 AVE
CITY-ST-ZIP: DEERFIELD BCH FL ☐ Delete

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

TITLE: STD
NAME: FOOTE, DEBORAH
STREET ADDRESS: 5651 N.W. 55 LANE
CITY-ST-ZIP: TAMARAC FL ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

James M. Foote
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

Date

214-7686
954-800
Daytime Phone #

CR2E034 (9/99)