

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 638065

1. Entity Name

PENSACOLA CERAMIC SUPPLY, INC. ✓

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90021 024 ***558.75

Principal Place of Business

2118 ST MARY AVENUE
PENSACOLA FL 32505
US

Mailing Address

2118 ST MARY AVENUE
PENSACOLA FL 32505
US

2. Principal Place of Business

8625 N. PALAFOX ST.

3. Mailing Address

8625 N. PALAFOX ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PENSACOLA FL

PENSACOLA FL

City & State

City & State

32534

32534

Zip

Country

ESCAMBIA

Zip

Country

ESCAMBIA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1936426

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHEELER, THOMAS E JR
119 W GARDEN ST
PENSACOLA FL

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 GRIFFITH, W. M
STREET ADDRESS 3670 BECKYS LANE
CITY-ST-ZIP PACE FL 32570 ☒ Delete

TITLE VD
NAME GRIFFITH, GRACIA L
STREET ADDRESS 3670 BECKYS LANE
CITY-ST-ZIP PACE FL 32580 ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BILL DANIEL
STREET ADDRESS 8341 BRIESE LANE
CITY-ST-ZIP PENSACOLA FL 32514 ☐ Change ☒ Addition

TITLE VD
NAME SHARRON DANIEL
STREET ADDRESS 8341 BRIESE LANE
CITY-ST-ZIP PENSACOLA FL 32514 ☐ 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

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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00

Date

850-479-8713

Daytime Phone #