

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90056 032 ***150.00

DOCUMENT # 832313

1. Entity Name
STOGSDILL TILE CO.

Principal Place of Business POST OFFICE BOX 897 HUNTLEY IL 60142	Mailing Address POST OFFICE BOX 897 HUNTLEY IL 60142-0897
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LU055513



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **36-2652693**
 Applied For
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHONEY, HADLOW, CHAMBERS & ADAMS
100 LAURA AVE.
P.O. BOX 4099
JACKSONVILLE FL 32201

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

8. The above named entity submits this statement for the purpose of changing its

SIGNATURE: *William J. Stogsdill*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE:)

*Sorry -
 Mr. Stogsdill first
 signed here by
 mistake.*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!
After MAY 1, 2000
Make Check Payable

FL Zip Code _____
 TE _____
 \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOGSDILL, WILLIAM J., SR. P O BOX 897 HUNTLEY IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOGSDILL, WILLIAM J., JR. 25 W 576 PICADILLY WHEATON IL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *William J. Stogsdill* PRES. 3/1/00 847-669-1255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM J. STOGSDILL Daytime Phone #

CR2E034 (9/99)