

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841220

1. Entity Name

STANDARD TILE CO.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 91451 001 ***300.00

Principal Place of Business

Mailing Address

4380 INDEPENDENCE COURT
SARASOTA FL 34234-4711
US

4380 INDEPENDENCE COURT
SARASOTA FL 34234
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-0820700**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MACPHAIL, GORDON
4380 INDEPENDENCE CT.
SARASOTA FL 34234

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	CEO	<input type="checkbox"/> Delete
NAME	MACPHAIL, GORDON	
STREET ADDRESS	4380 INDEPENDENCE COURT	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	President	<input type="checkbox"/> Delete
NAME	Paul MacPhail	
STREET ADDRESS	4380 Independence Ct.	
CITY-ST-ZIP	Sarasota, FL 34234	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Roy MacPhail	
STREET ADDRESS	4380 Independence Ct.	
CITY-ST-ZIP	Sarasota, FL 34234	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Denise MacPhail	
STREET ADDRESS	4380 Independence Ct	
CITY-ST-ZIP	Sarasota, FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00

941-351-7331

CR20034 (9/99)