

2001 UNIFORM BUSINESS REPORT (UBR)

5/2/01

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-02-2001 90051 045 ***150.00

DOCUMENT # F01651

1. Entity Name

BAY AREA TILE, INC.

Principal Place of Business

Mailing Address

1407 1ST ST. S.W.
 RUSKIN FL 33570
 US

1407 1ST ST. S.W.
 RUSKIN FL 33570
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sun City CENTEL FL

4. FEI Number

59-2031990

Applied For

Not Applicable

Zip

Country

Zip

Country

33571

US

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

BUHRKUHL, ALANA
1407 1ST ST. S.W.
RUSKIN FL 33570

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

Alana M. Buhkuhl

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	BUHRKUHL, ALANA	
STREET ADDRESS	1407 1ST ST. S.W.	
CITY-ST-ZIP	RUSKIN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	COATS, LORI L	
STREET ADDRESS	1407 1ST ST. S.W.	
CITY-ST-ZIP	RUSKIN FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROWELL, VENITA S.	
STREET ADDRESS	1407 1ST ST SW	
CITY-ST-ZIP	RUSKIN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COATS, KEVIN E	
STREET ADDRESS	1407 1ST ST. S.W.	
CITY-ST-ZIP	RUSKIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Alana M. Buhkuhl
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 23, 01

CR2E034 (10/00)