

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F46561

1. Entity Name

VENICE TILE, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90035 035 ***150.00

Principal Place of Business

Mailing Address

C/O ROBERT B JOHNSON
412 E. VENICE AVE.
VENICE FL 34292

C/O ROBERT B JOHNSON
412 E. VENICE AVE.
VENICE FL 34292-2631

2. Principal Place of Business

3. Mailing Address

C/O Wayne T. Johnson
Suite, Apt. #, etc.

C/O Wayne T. Johnson
Suite, Apt. #, etc.

412 E. Venice Ave.

412 E. Venice Ave.

City & State
Venice FL

City & State
Venice FL

Zip
34292

Country
SARASOTA

Zip
34292

Country
SARASOTA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2132783

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

JOHNSON, WAYNE T
1442 STRADA D'ARGENTO
VENICE FL 34292

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	JOHNSON, ROBERT B	
STREET ADDRESS	836 NORTH JACKSON RD	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, WAYNE T.	
STREET ADDRESS	1442 STRADA D'ARGENTA	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MARY K	
STREET ADDRESS	1250 WATERSIDE LANE	
CITY-ST-ZIP	VENICE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MARTHA J	
STREET ADDRESS	1442 STRADA D'ARGENTA	
CITY-ST-ZIP	VENICE, FL 00000	
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	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Wayne T	
STREET ADDRESS	1442 Strada D'Argento	
CITY-ST-ZIP	Venice FL 34292	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson Mary K	
STREET ADDRESS	836 North Jackson Rd	
CITY-ST-ZIP	Venice FL 34292	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson Martha J	
STREET ADDRESS	1442 Strada D'Argento	
CITY-ST-ZIP	Venice FL 34292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-00 941-488-7372

02/21/00 CK#8106

CR2E034 (9/99)