

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-10-2000 90035 035 ***150.00

DOCUMENT # F46561

1. Entity Name
VENICE TILE, INC.

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O Wayne T. Johnson

Suite, Apt. #, etc.
412 E. Venice Ave.

City & State
Venice FL

Zip
34292

Country
SARASOTA

3. Mailing Address

C/O Wayne T. Johnson

Suite, Apt. #, etc.
412 E. Venice Ave.

City & State
Venice FL

Zip
34292

Country
SARASOTA

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | |
|----------------|--|
| 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 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 | <i>Johnson, Wayne T</i> |
| STREET ADDRESS | <i>1442 Strada D'Argento</i> |
| CITY-ST-ZIP | <i>Venice FL 34292</i> |
| TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Johnson Mary K</i> |
| STREET ADDRESS | <i>836 North Jackson Rd</i> |
| CITY-ST-ZIP | <i>Venice FL 34292</i> |
| TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Johnson Martha J</i> |
| STREET ADDRESS | <i>1442 Strada D'Argento</i> |
| CITY-ST-ZIP | <i>Venice FL 34292</i> |
| 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: *Wayne T. Johnson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2-2-00* Daytime Phone # *941-488-7372*

CR2E034 (9/99)

PA 2/2/00 CK # 8106