

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F51686

1. Entity Name

CREATIVE TILE CONCEPTS, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90026 027 ***150.00

910924



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1853 TRADE CENTER WAY NAPLES FL 34109 US		Mailing Address 1853 TRADE CENTER WAY NAPLES FL 34109-1863 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2130617		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MASSER, DEBRA A
1853 TRADE CENTER WAY
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name SMITH, DEBORAH M.
Street Address (P.O. Box Number is Not Acceptable)
1853 Trade Center Way
City Naples, FL Zip Code 34109

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  DEBORAH M. SMITH, SECRETARY 01/25/00
(NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, NEAL	NAME	
STREET ADDRESS	1853 TRADE CTR WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGIUS, STEPHEN	NAME	
STREET ADDRESS	1853 TRADE CTR WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOGGIN, GREG	NAME	
STREET ADDRESS	1853 TRADE CTR WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSER, DEBRA A	NAME	Secretary
STREET ADDRESS	1853 TRADE CTR WAY	STREET ADDRESS	Deborah M. Smith
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	1853 Trade Center Way
TITLE	<input type="checkbox"/> Delete	TITLE	Naples, FL 34109
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #

01/25/00