

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006468

1. Entity Name

Dal-Tile Corporation

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90003 045 ***550.00

Principal Place of Business
7834 CF Hawn Freeway
Dallas, TX 75217
US

Mailing Address
7834 CF Hawn Freeway
Dallas, TX 75217
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

16-0577180

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

CT Corporation System
1200 South Pine Island Rd
Plantation, FL 33324

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	P	<input type="checkbox"/> Delete
NAME	Sardas, Jack	
STREET ADDRESS	7834 Hawn Freeway	
CITY-ST-ZIP	Dallas, TX 75217	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Wellborn, Chris	
STREET ADDRESS	7834 Hawn Freeway	
CITY-ST-ZIP	Dallas, TX 75217	
TITLE	S	<input type="checkbox"/> Delete
NAME	Solis, Mark	
STREET ADDRESS	7834 Hawn Freeway	
CITY-ST-ZIP	Dallas, TX 75217	
TITLE	T	<input type="checkbox"/> Delete
NAME	Veldman, Scott	
STREET ADDRESS	7834 Hawn Freeway	
CITY-ST-ZIP	Dallas, TX 75217	
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 address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00
Date

Daytime Phone #

CR2E034 (9/99)