

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000005421**

1. Entity Name

**CONTRACTORS TILE COMPANY, INC.****FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90062 037 \*\*\*158.75

C U 4 3 1 4



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4401 MICHIGAN AVE. NASHVILLE TN 37209		Mailing Address 4401 MICHIGAN AVE. NASHVILLE TN 37209-2215	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 62-0671593		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM**  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>LONGWORTH, JUDY</b> <b>4401 MICHIGAN AVE.</b> <b>NASHVILLE TN 37209</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DT</b> <b>LONGWORTH, MARGARET J</b> <b>4401 MICHIGAN AVE.</b> <b>NASHVILLE TN 37209</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>Longworth, Margaret J.</b> <b>4401 Michigan Avenue</b> <b>Nashville, TN 37209</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>LONGWORTH, DAVID WM</b> <b>4401 MICHIGAN AVENUE</b> <b>NASHVILLE TN 37209</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *Judy Longworth* **SECRETARY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

(615) 383-4863

Daytime Phone #

CR2E034 (9/99)