

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001565

1. Entity Name

NATIONAL POOL TILE GROUP, INC.

Principal Place of Business

220 PARK DRIVE  
CHARDON OH 44116

Mailing Address

220 PARK DRIVE  
CHARDON OH 44024-1091

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

33-0000365

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 PD ☐ Delete  
NAME BRITTELLE, DOUGLAS J  
STREET ADDRESS 1620 HAWKINS AVE.  
CITY-ST-ZIP SANFORD NC 27330

TITLE ASST. S ☐ Change ☒ Addition  
NAME ROBERT J. BRUNOZZI  
STREET ADDRESS 220 PARK DR.  
CITY-ST-ZIP CHARDON OH 44024

TITLE VD ☐ Delete  
NAME NEIDUS, STUART D  
STREET ADDRESS 220 PARK DRIVE  
CITY-ST-ZIP CHARDON OH 44116

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WALDIN, THOMAS B  
STREET ADDRESS 220 PARK DRIVE  
CITY-ST-ZIP CHARDON OH 44116

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE EVP ☐ Delete  
NAME HALL, REBECCIA D  
STREET ADDRESS 2840 MIRALOMA AVE.  
CITY-ST-ZIP ANAHEIM CA 92806

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME BRODY, MARK E  
STREET ADDRESS 220 PARK DRIVE  
CITY-ST-ZIP CHARDON OH 44116

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME HAVENS, THEODORE A  
STREET ADDRESS 1620 HAWKINS AVE  
CITY-ST-ZIP SANFORD NC 27330

TITLE ☐ Change ☐ 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 #

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

04-10-2000 90144 001 \*\*\*450.00

13459



DO NOT WRITE IN THIS SPACE

04/10/2000 13459