

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H64620

1. Entity Name

POLZIN TILE, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90218 034 \*\*\*150.00

Principal Place of Business

Mailing Address

SW MEADOWLARK  
FL 34997

11625 SW MEADOWLARK  
STUART FL 34997-2734



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2546519**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

POLZIN, RONALD M.  
8027 SE COCONUT ST.  
HOBE SOUND FL 33455

Name POLZIN, Laurie J.  
Street Address (P.O. Box Number is Not Acceptable) 11625 SW. Meadowlark Cir.  
City STUART FL 34997

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  
NAME POLZIN, THOMAS A.  
STREET ADDRESS 11625 SW MEADOWLARK CIR  
CITY-ST-ZIP STUART FL 34997

TITLE VTS  
NAME Laurie J. Polzin  
STREET ADDRESS 11625 SW. Meadowlark Cir  
CITY-ST-ZIP STUART, FL. 34997

TITLE V  
NAME POLZIN, RONALD M.  
STREET ADDRESS 8027 SE COCONUT ST.  
CITY-ST-ZIP HOBE SOUND FL

TITLE VTS  
NAME Polzin, Laurie J.  
STREET ADDRESS 11625 SW. Meadowlark Cir  
CITY-ST-ZIP STUART, FL. 34997

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Polzin

Date

Daytime Phone #

4-4-2000 (561) 286-6388

CR2E034 (9/99)