

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J07878

1. Entity Name

JIM'S TILE, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90116 043 \*\*\*150.00

Principal Place of Business

785 NORTH HOLLYWOOD CIRCLE  
CRYSTAL RIVER FL 34429  
US

Mailing Address

785 NORTH HOLLYWOOD CIRCLE  
CRYSTAL RIVER FL 34465-4103  
US

2. Principal Place of Business

219 S OSCEOLA ST

Suite, Apt. #, etc.

3. Mailing Address

219 S. OSCEOLA ST

Suite, Apt. #, etc.

City & State

BEVERLY HILLS, FL

Zip

34465

Country

CITRUS

City & State

BEVERLY HILLS, FL

Zip

34465

Country

CITRUS

4. FEI Number

59-2669176

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONNOLLY, JAMES F.  
785 N. HOLLYWOOD CIR.  
CRYSTAL RIVER FL 34429

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

*Imelda A Connolly*  
Signature, typed or printed name of registered agent and title if applicable.

IMELDA A. CONNOLLY  
(NOTE: Registered Agent signature required when reinstating)

1-24-2000  
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

TITLE PD  
NAME CONNOLLY, JAMES F.  
STREET ADDRESS 785 N. HOLLYWOOD CIR.  
CITY-ST-ZIP CRYSTAL RIVER FL ☐ Delete

TITLE STD  
NAME CONNOLLY, IMELDA A.  
STREET ADDRESS 785 N. HOLLYWOOD CIR.  
CITY-ST-ZIP CRYSTAL RIVER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 219 S OSCEOLA ST  
CITY-ST-ZIP Beverly Hills, FL 34465 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 219 S OSCEOLA ST  
CITY-ST-ZIP Beverly Hills, FL 34465 ☒ Change ☐ Addition

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

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

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

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

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:

*Imelda A Connolly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000  
Date

(352) 527-4432  
Daytime Phone #

CR2E034 (9/99)