

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J13410

1. Entity Name

AMERICAN TILE SERVICES, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90430 001 ***150.00

Principal Place of Business

POST OFFICE BOX 292648
DAVIE FL 33329-2648
US

Mailing Address

POST OFFICE BOX 292648
DAVIE FL 33329-2648
US

2. Principal Place of Business

6840 S.W. 20 ST

3. Mailing Address

6840 S.W. 20 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION

4. FEI Number

59-2664499

Applied For

Not Applicable

Zip

33317

Country

BROWARD

Zip

33317

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'KEEFE, PATRICK
6840 S.W. 20 STREET
PLANTATION FL 33317

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

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

TITLE	PVT	<input type="checkbox"/> Delete
NAME	O'KEEFE, PATRICK	
STREET ADDRESS	6840 S.W. 20 STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DC	<input type="checkbox"/> Delete
NAME	O'KEEFE, PATRICK	
STREET ADDRESS	6840 S.W. 20 STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARCH, LURALE	
STREET ADDRESS	6840 S.W. 20 STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 #

LURALE MARCH 4-28-00

954-791-9690

CR2E034 (9/99)