

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
 03-26-2001 90047 017 ***150.00

DOCUMENT # K76738

1. Entity Name
SCOTT'S TILE, INC.

Principal Place of Business

**18533 HOLLY ROAD
 FT. MYERS FL 33912**

Mailing Address

**18533 HOLLY ROAD
 FT. MYERS FL 33912**

2. Principal Place of Business

5711-B Youngquist Road
 Suite, Apt. #, etc.

3. Mailing Address

5711-B Youngquist Rd
 Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

FT. MYERS FL

4. FEI Number

65-0108961

Applied For

Not Applicable

Zip

Country

33912

Zip

Country

33912

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

**DIEHL, STEPHANIE B
 18533 HOLLY ROAD
 FT. MYERS FL 33912**

Name

Street Address (P.O. Box Number is Not Acceptable)

17210 Capri Dr.

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 **Stephanie B. Diehl**

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, 2001 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 ☐ Delete
 NAME **PST**
 STREET ADDRESS **DIEHL, MARION SCOTT**
 CITY-ST-ZIP **18533 HOLLY ROAD**
FT. MYERS FL 33912

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **17210 Capri Dr.**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **DIEHL, STEPHANIE B**
 CITY-ST-ZIP **18533 HOLLY ROAD**
FT. MYERS FL 33912

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **17210 Capri Dr**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Stephanie B. Diehl**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01
 Date

415-1000
941-415-6665
 Daytime Phone #

CR2E034 (10/00)