

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L17980

1. Entity Name

APACHE TILE AND MARBLE, INC.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90260 003 \*\*\*150.00

Principal Place of Business

4541 N LAKE DRIVE  
~~4535 NORTH LAKE DRIVE~~  
SARASOTA FL 34232  
US

Mailing Address

4541 N LAKE DRIVE  
~~4535 NORTH LAKE DRIVE~~  
SARASOTA FL 34232  
US

2. Principal Place of Business

4541 N. LAKE DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

4541 N. LAKE DRIVE  
Suite, Apt. #, etc.

City & State

SARASOTA FLORIDA

Zip

34232

Country

USA

City & State

SARASOTA FLORIDA

Zip

34232

Country

USA

4. FEI Number

65-0144859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, TAMARA A CHAMBER  
4541 N LAKE DRIVE  
SARASOTA FL 34232

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVD  
CHAMBERS JONES, TAMARA A  
4541 N LAKE DRIVE  
SARASOTA FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JONES, RICKY G.  
4541 N LAKE DRIVE  
SARASOTA FL ☐ Delete

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAMARA A. JONES

4/29/01  
Date

941.377.9844  
Daytime Phone #

CR2E034 (10/00)