

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L44314

1. Entity Name

H & L TILESETTERS, INC.

**FILED**  
**Aug 04, 2000 8:00 am**  
**Secretary of State**

08-04-2000 90002 048 \*\*\*550.00

Principal Place of Business

21114 C.R. 33  
 GROVELAND FL 34736

Mailing Address

21114 C.R. 33  
 GROVELAND FL 34736

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2988246

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HOYLE, JUNIOR  
 21114 C.R. 33  
 GROVELAND FL 34736

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 S  
 NAME HOYLE, TOM ☒ Delete  
 STREET ADDRESS 21114 C.R. 33  
 CITY-ST-ZIP GROVELAND FL

TITLE P  
 NAME HOYLE, JUNIOR ☐ Delete  
 STREET ADDRESS 21114 C.R. 33  
 CITY-ST-ZIP GROVELAND FL 34736

TITLE V  
 NAME HOYLE, WAYNE ☐ Delete  
 STREET ADDRESS 21114 C.R. 33  
 CITY-ST-ZIP GROVELAND FL 34736

TITLE JAMES HOLTEN ☒ Delete  
 NAME JAMES HOLTEN  
 STREET ADDRESS 21114 CR 33  
 CITY-ST-ZIP GROVELAND FL 34736

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition  
 NAME JAMES HOLTEN  
 STREET ADDRESS 21114 CR 33  
 CITY-ST-ZIP GROVELAND FL 34736

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

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

TITLE JASON TIMMONS ☐ Change ☒ Addition  
 NAME JASON TIMMONS  
 STREET ADDRESS 20114 CR 33  
 CITY-ST-ZIP GROVELAND FL 34736

TITLE ☐ Change ☐ Addition  
 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7121-00 352-429388  
 Date Daytime Phone #

CR2E034 (5/00)