

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L74870

1. Entity Name

P & R TILE, INC.

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90187 034 ***150.00

Principal Place of Business

Mailing Address

~~18466 49TH STREET NORTH~~
LOXAHATCHEE FL 33470

~~18466 49TH STREET NORTH~~
LOXAHATCHEE FL 33470-0295

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

City & State

4. FEI Number

65-0413563

Applied For

Not Applied

Zip

Country

Zip

Country

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

BELL, RAYMOND A
18466 49TH STREET NORTH
LOXAHATCHEE FL 33470

Name: Raymond A. Bell
Street Address (P.O. Box Number is Not Acceptable)
15086 86th Street N.
City Loxahatchee FL Zip Code 33470

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

Raymond A. Bell

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	MOORE, PATTI L.	
STREET ADDRESS	18466 49TH ST. NORTH	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BELL, RAYMOND A.	
STREET ADDRESS	18466 49TH STREET, NORTH	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BELL, EDITH L.	
STREET ADDRESS	18466 49TH STREET, NORTH	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEONARD, PEGG L	
STREET ADDRESS	18466 49TH ST N	
CITY-ST-ZIP	LOXAHATCHEE FL	
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"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

Raymond A. Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 790-148