

2001 UNIFORM BUSINESS REPORT (UBR) - AMENDED RETURN -

DOCUMENT # **L85192**

1. Entity Name

CREATIVE CERAMICS, TILE & MARBLE, INC

--FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-SEP-18 AM 11:56

Principal Place of Business

Mailing Address

**28 OUR ROAD
INGLIS, FL 34449**

**P.O. BOX 283
INGLIS, FL 34449**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3019478

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

Name: **CHARLES J. PONDER**
THE BOOKKEEPER & ASSOC., INC

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

2667-B N. FLORIDA AVE

City

HERNANDO

FL

Zip Code

34442

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

Charles J. Ponder

CHARLES J. PONDER

8/31/01

(Signature of agent or person authorized to register agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

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 \$350.00
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	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
DPST	BONNIE S WILLIAMS	28 OUR ROAD	INGLIS, FL 34449	☐
VP	STEWART Y. HICKS	P.O. BOX 961	INGLIS, FL 34449	☐
VP	TROY D. SLATTERY	99 BLUEBIRD HILL - Box 211	INGLIS, FL 34449	☒
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
VP	EDWARD A. SLATTERY	P.O. BOX 1184	INGLIS, FL 34449	☐	☒
				☐	☐
				☐	☐
				☐	☐

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:

Bonnie S. Williams

BONNIE S. WILLIAMS

Date

8/31/01 (85) 632-0261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (1/1/00)