

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007381

1. Entity Name  
MARTIN TILE, L.L.C.

APPROVED  
AND  
FILED

00 APR -6 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1002 MICHAEL AVENUE  
LEHIGH ACRES FL 33972

Mailing Address  
1002 MICHAEL AVENUE  
LEHIGH ACRES FL 33972-3210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, THOMAS J JR.  
4575 VIA ROYALE, SUITE 206  
FT. MYERS FL

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ANDERSON, FRED J TRUSTEE  
1401 KIMDALE STREET  
LEHIGH ACRES FL 33936

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Change Addition  
600003221476  
-04/24/00--01157--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MARTIN, DALE T  
1002 MICHAEL AVENUE  
LEHIGH ACRES FL 33972

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Change Addition

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Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #