

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007381

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

Principal Place of Business
1002 MICHAEL AVENUE
LEHIGH ACRES FL 33972

Mailing Address
1002 MICHAEL AVENUE
LEHIGH ACRES FL 33972

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 **APPLIED FOR**
125-09412531

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

1401 Kimdale St
City Lehigh Acres FL Zip Code 33936

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 then apply 2001

(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 ☐ Delete

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
100004419801 ☐ Change ☐ Addition
-06/14/01--01059--009
*****50.00 *****50.00

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CITY-ST-ZIP
☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 MAY 18 PM 3:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)