

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M09094

1. Entity Name

CLASSIC TILE & MARBLE INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90060 004 ***150.00

Principal Place of Business

Mailing Address

5377 WOODS WEST DRIVE
 LAKE WORTH FL 33463

5377 WOODS WEST DRIVE
 LAKE WORTH FL 33463-6031

2. Principal Place of Business

3941 Victoria DR

3. Mailing Address

3941 Victoria DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

59-2475260

Applied For

Not Applicable

Zip

33406

Country

Palm Beach County

Zip

33406

Country

Palm Beach County

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

GRACIE, BERNARD K.
 5377 WOODS WEST DRIVE
 LAKE WORTH FL 33463

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 \$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	P	<input type="checkbox"/> Delete
NAME	GRACIE, BERNARD K.	
STREET ADDRESS	5377 WOODS WEST DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRACIE, ANN	
STREET ADDRESS	5377 WOOD WEST DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRACIE, BERNARD M	
STREET ADDRESS	1505 18TH AVENUE, N	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAUL R. GRACIE	
STREET ADDRESS	5377 WOODS WEST DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3941 Victoria DR	
STREET ADDRESS	West Palm Beach	
CITY-ST-ZIP	Florida 33406	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3941 Victoria DR	
STREET ADDRESS	West Palm Beach	
CITY-ST-ZIP	Florida 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3941 Victoria DR	
STREET ADDRESS	West Palm Beach	
CITY-ST-ZIP	Florida 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Bernard K. Gracie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
 Date

561-641-6900
 Daytime Phone #

CR2E034 (9/99)