

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M25234

1. Entity Name

TILE IMPORT OF PALM BEACH, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90002 031 ***150.00

Principal Place of Business

Mailing Address

TITLE DEPOT OF PASCO
 14516 US HWY 19
 HUDSON FL 34667
 US

C/O MARY E. BARNETT
 21379 CAMPO ALLEGRO DR.
 BOCA RATON FL 33433-2379

2. Principal Place of Business

3. Mailing Address

9287 NEW ORLEANS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BROOKS VILLE FL.

4. FEI Number

59-2618611

Applied For

Not Applicable

Zip

Country

Zip

Country

34613

HERNANDO

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

BARNETT, MARY E.
 14516 US HWY 19
 HUDSON FL 34667

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 BARNETT, MARY E.
 14516 US HWY 19
 HUDSON FL 34667 ☐ Delete

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

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

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: Paul Barnett PAUL BARNETT 4-11-2000 727-868-8700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)