

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90426 036 ***150.00

0534749

DOCUMENT # M25234

1. Entity Name
TILE IMPORT OF PALM BEACH, INC.

Principal Place of Business

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

Mailing Address

9287 NEW ORLEANS DR
BROOKSVILLE FL 34613

2. Principal Place of Business

TILE DEPOT OF PASCO

3. Mailing Address

Suite, Apt. #, etc.

5535 S.R. 54

City & State

NEW PORT RICHEY, FL

City & State

Zip

34652

Country

USA

Country

4. FEI Number

59-2618611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

BARNETT, MARY E.

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

5535 S.R. 54

City

NEW PORT RICHEY,

FL

Zip Code
34652

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, 2001 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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
 NAME **BARNETT, MARY E.**
 STREET ADDRESS **5535 S.R. 54**
 CITY-ST-ZIP **NEW PORT RICHEY, FL. 34652**

TITLE **VP** ☐ Change ☒ Addition
 NAME **BARNETT, PAUL**
 STREET ADDRESS **5535 S.R. 54**
 CITY-ST-ZIP **NEW PORT RICHEY, FL. 34652**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAUL BARNETT 4-18-01 727-842-9845

CR2E034 (10/00)