

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90365 010 ***150.00

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DOCUMENT # M36272

1. Entity Name
D & B TILE OF NAPLES, INC.



Principal Place of Business
**4431 CORPORATE SQUARE
567 ELKCAM CIRCLE
NAPLES FL 33942
US**

Mailing Address
**C/O DAVID A. YARBOROUGH
14200 N.W. 4TH ST
SUNRISE FL 33325
US**



2. Principal Place of Business
4431 Corporate Square

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Naples, FL.

City & State

4. FEI Number
59-2700952

Applied For
Not Applicable

Zip
33942

Country
U.S.A.

Zip
Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**YARBOROUGH, HAROLO G.
14200 NW 4TH ST
SUNRISE FL 33325**

7. Name and Address of New Registered Agent

Name
Harold G. Yarborough

Street Address (P.O. Box Number is Not Acceptable)
14200 NW 4th Street

City
Sunrise, FL Zip Code
33325

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒ *(Signature)* **(Harold G. Yarborough)** **4/1/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
STD ☐ Delete

NAME
YARBOROUGH, DAVID A.

STREET ADDRESS
14200 NW 4TH ST.

CITY-ST-ZIP
SUNRISE FL 33325

TITLE
PD ☐ Delete

NAME
YARBOROUGH, HAROLD G

STREET ADDRESS
15140 WHETSTONE WAY

CITY-ST-ZIP
FT. LAUDERDALE FL

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ☒ *(Signature)* **(Harold G. Yarborough)** **(954) 846**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Pres. Date **4/1/03** Daytime Phone # **2663**

CR2E034 (10/02)