

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M42212

1. Entity Name
SAN TILE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90005 014 ***158.75

Principal Place of Business
4209 US HWY 90 WEST
LAKE CITY FL 32055
US

Mailing Address
4209 US HWY 90 WEST
LAKE CITY FL 32055
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

#201

City & State

City & State

4. FEI Number **59-2745197**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LABOSSIERE, MARC
1222 NE 4TH AVE
FT LAUDERDALE, FL
HOLLYWOOD FL 33304

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	EMERSON, DIANE	
STREET ADDRESS	8450 106TH AVE #100	
CITY-ST-ZIP	VERO BEACH FL 32907	
TITLE	PC	<input type="checkbox"/> Delete
NAME	CHOUINARD, ALAIN	
STREET ADDRESS	845 106TH AVE #100	
CITY-ST-ZIP	VERO BEACH FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALARDEAU DIANE	
STREET ADDRESS	4209 US Hwy 90 West #201	
CITY-ST-ZIP	Lake City FL 32055	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4209 US Hwy 90 West #201	
CITY-ST-ZIP	Lake City, FL 32055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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: *Diane Falardeau, sec. Treas.*
DIANE FALARDEAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/01

Date

(904) 397-4856

Daytime Phone #

CR2E034 (10/00)