

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007736

1. Entity Name

ALL FLORIDA TILE & POOL, INC.

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90011 037 ***550.00

Principal Place of Business

Mailing Address

4845 BELLE TERRE PARKWAY, STE C-14
PALM COAST FL 32164

4845 BELLE TERRE PARKWAY, STE C-14
PALM COAST FL 32164

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1728088

Applied For

Not Applicable

Zip

Country

USA

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

GRAHAM, H. DILLON III
2222 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Name

Rosanne Ferro

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

4845 Belle Terre Pkwy Ste C-14

City

Palm Coast

FL

Zip Code

32137

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

Rosanne Ferro

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director
Rosanne Ferro
4845 Belle Terre Pkwy C-14
Palm Coast, FL 32137 ☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0453871

CR2E034 (10/00)