

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033895

1. Entity Name

MIKE ELDRIDGE TILE, INC.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90012 001 ***550.00

Principal Place of Business

1901 HYDE PARK STREET
SARASOTA FL 34239

Mailing Address

1901 HYDE PARK STREET
SARASOTA FL 34239

2. Principal Place of Business

3350 Bougainvillea St

3. Mailing Address

3350 Bougainvillea St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota Florida

City & State

Sarasota Florida

Zip

34239 Sarasota

Zip

34239

Country

Sarasota

4. FEI Number

65-0997900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYONS, JOHN J
1605 MAIN STREET
SUITE 1111
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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.

(NOT)

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 D ☐ Delete
NAME ELDRIDGE, MIKE
STREET ADDRESS 1901 HYDE PARK STREET
CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ Delete
NAME ELDRIDGE, CAREN
STREET ADDRESS 1901 HYDE PARK STREET
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 V ☐ Change ☒ Addition
NAME Martin Bordas
STREET ADDRESS 1701 Gulf of Mexico Dr.
CITY-ST-ZIP Longboatkey Florida

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

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

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

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mike Eldridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-01

741-780-6521

CR2E034 (10/00)