## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 30, 2001 8:00 am DOCUMENT # P0000034142 Secretary of State FLOOR SPECIALIST TILE/MARBLE CONTRACTORS, INC. 01-30-2001 90206 021 \*\*\*158.75 Principal Place of Business Mailing Address 11450 OVERSEAS HWY. 11450 OVERSEAS HWY. MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1000640 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALDERA, CHRISTOPHER B Street Address (P.O. Box Number is Not Acceptable) 6400 OVERSEAS HWY. MARATHON FL 33050 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE DSTUART, Roland M Change ☐ Addition NAME STEWART, ROLAND M NAME 11450 OKTOBAS HWY Swite 109 STREET ADDRESS 11450 OVERSEAS HWY. STREET ADDRESS marathon 7L 33050 CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 TITLE ☐ Delete T!TI F Change ☐ Addition marin, Efrain MARTIN, EFRAIN NAME NAME 11450 oversens Hwy soule 109 STREET ADDRESS STREET ADDRESS 11450 OVERSEAS HWY. CITY-ST-ZIP CITY-ST-ZIP marathon 71 33050 MARATHON FL 33050 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

with all other like empowered. 01/10/01 20x 200,01/2 SIGNATURE:

CITY-ST-ZIP Thereby certify that the information supplied with this filling 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

CITY-ST-7IP

changed, or on an attachment with an add