

9/12/01-90032-014-\$150.00-\$150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

0102738 AV

DOCUMENT # P00000066002

1. Entity Name

BEAU'S TILE OUTLET INC.

FILED

01 SEP 24 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1021 A WEST OAK ST  
KISSIMMEE FL 34741

Mailing Address

1021 A WEST OAK ST  
KISSIMMEE FL 34741

2. Principal Place of Business

1021 A W. OAK ST

3. Mailing Address

the same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

KISSIMMEE FLA

City &amp; State

KISSIMMEE FLA.

Zip

34741

Country

USA

Zip

34741

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-0000000-0000

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPERDUTI, ELSA A  
1021 A WEST OAK ST  
KISSIMMEE FL 34741

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.

(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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P.O.  
SPERDUTI, ELSA A  
1021 A WEST OAK ST  
KISSIMMEE FL 34741

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DeleteTITLE  
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

9-5-01

(407) 518-0008

Date

Telephone Number