

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State
 05-30-2001 90030 017 ***150.00

DOCUMENT # **000000066219**

1. Entity Name:
MOWATT Tile Corp

Principal Place of Business: **2450 N.W. 183ST OPALOCKA, FL 33056**
 Mailing Address: **2450 N.W. 183ST OPALOCKA, FL 33056**

2. Principal Place of Business: **2450 N.W. 183ST**
 Suite, Apt. #, etc.:
 City & State: **OPALOCKA, FL**
 Zip: **33056**
 Country: **USA**

3. Mailing Address: **2450 N.W. 183ST**
 Suite, Apt. #, etc.:
 City & State: **OPALOCKA, FL**
 Zip: **33056**
 Country:

4. FEI Number: **65-1029014**
 Applied For: ☐ Not Applicable

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOWATT Tile Corp
2450 N.W. 183ST
OPALOCKA, FL
33056

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!
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	PRESIDENT	<input type="checkbox"/> Delete
NAME	CLIFTON MOWATT	
STREET ADDRESS	2450 N.W. 183ST	
CITY-STATE-ZIP	OPALOCKA, FL 33056	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	STACY SWADY	
STREET ADDRESS	2450 N.W. 183ST	
CITY-STATE-ZIP	OPALOCKA, FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: **Clifton Mowatt / Stacy Swady**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR

5/25/01 - 305-623-2733
 Date: Daytime Phone #

CR2E034 (11/00)