

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090774

1. Entity Name
TOMMY'S TILE, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90064 042 ***150.00

Principal Place of Business
**2618 FOGARTY AVENUE APT C
KEY WEST FL 33040**

Mailing Address
**2618 FOGARTY AVENUE APT C
KEY WEST FL 33040**

00027009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
41 RIVIERA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
41 RIVIERA DRIVE
Suite, Apt. #, etc.

City & State
BIG CANYON KEY FL
Zip **33040** Country

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BIG CANYON KEY FL
Zip **33040** Country

4. FEI Number
65-1042164

Applied For
Not Applicable

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

**CORPORATE CREATIONS NETOWRK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

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 _____ (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 **D** ☐ Delete
NAME **LAPP, THOMAS P**
STREET ADDRESS **2618 FOGARTY AVENUE APT C**
CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 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: **Thomas Lapp**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)