

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095968

1. Entity Name

MATT'S TILE, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90261 035 ***150.00

Principal Place of Business

2732 NANCY STREET
SARASOTA FL 34237-7622

Mailing Address

2732 NANCY STREET
SARASOTA FL 34237-7622

2. Principal Place of Business

2732 Nancy Street
Suite, Apt. #, etc.

3. Mailing Address

2732 Nancy Street
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34237

Country

Zip

34237

Country

4. FEI Number

165-1043964

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD, G. MATTHEW JR
2732 NANCY STREET
SARASOTA FL 34237-7622

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
HOWARD, G. MATTHEW JR
2732 NANCY STREET
SARASOTA FL 34237-7622

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
FOSTER, JOSEPH M
2732 NANCY STREET
SARASOTA FL 34237-7622

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP

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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:

Grant M. Howard Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2001

Date

953-66412

Daytime Phone #

U4134903

CR2E034 (10/00)