

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

0117246
 AV

DOCUMENT # P01000086879

1. Entity Name
CINDY ALLIGOOD TILE, INC.

05-19-2002 90227 019 ***150.00

Principal Place of Business

4980 PALM AVE.
COCOA, FL 32926

Mailing Address

4980 PALM AVE.
COCOA, FL 32926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3142730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

5.6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTORE, MICHAEL A
483 ORLOV RD. NW
PALM BAY FL 32907

Name

CINDY ALLIGOOD

Street Address (P.O. Box Number is Not Acceptable)

4980 PALM AVE.

City

COCOA, FL

FL

Zip Code

32926

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

Cindy Alligood

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-02

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, 2002 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 **P** ☒ **Delete**
NAME **HUNT, STEVE**
STREET ADDRESS **31428 CR435**
CITY-ST-ZIP **SORRENTO FL 32776**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☒ **Addition**
NAME **D, P, T, S**
STREET ADDRESS **CINDY ALLIGOOD**
CITY-ST-ZIP **4980 PALM AVE.**
COCOA, FL. 32926

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☒ **Addition**
NAME **D, VP**
STREET ADDRESS **KEITH ALLIGOOD**
CITY-ST-ZIP **4980 PALM AVE.**
COCOA, FL 32926

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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 I am empowered.

SIGNATURE:

Cindy Alligood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02

Date

321-636-4108

Daytime Phone #

CR2E034 (9/01)