

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000091475

1. Entity Name

LB TILE & MARBLE, INC

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90481 008 ***150.00

Principal Place of Business Mailing Address
4010 WINKLER AVE EXT STE 201 **4010 WINKLER AVE EXT STE 201**
FT. MYERS FL 33916 **FT. MYERS FL 33916**

2. Principal Place of Business 3. Mailing Address
2280 CRYSTAL DRIVE **2280 CRYSTAL DRIVE**
Suite Apt. #, etc. Suite Apt. #, etc.

44045391

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
FORT MYERS, FL **FORT MYERS, FL** **05-0527810** Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
33907 **33907**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
TAX HOUSE CORPORATION Name
3929 N. FEDERAL HWY. Street Address (P O. Box Number is Not Acceptable)
POMPANO BEACH, FL 33064 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. ☐ **FILE NOW! FEE IS \$150.00** 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
(See criteria on back) **After MAY 1, 2004 Fee will be \$550.00**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS				12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VIDAL, LEVI V			NAME	VIDAL, LEVI V		
STREET ADDRESS	4010 WINKLER AVE EXT STE 201			STREET ADDRESS	2280 CRYSTAL DRIVE		
CITY-ST-ZIP	FORT MYERS, FL 33916			CITY-ST-ZIP	FORT MYERS, FL 33907		
TITLE	DPS	<input checked="" type="checkbox"/> Delete		TITLE	DPS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DULCE, HELENA VIDAL			NAME	VIDAL, DULCE HELENA		
STREET ADDRESS	4010 WINKLER AVE EXT STE 201			STREET ADDRESS	2280 CRYSTAL DRIVE		
CITY-ST-ZIP	FORT MYERS, FL 33916			CITY-ST-ZIP	FORT MYERS, FL 33907		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 04/30/04 (239)278-3288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #