

2001 UNIFORM BUSINESS REPORT (UBR)

0398231

DOCUMENT # P93000036315

1. Entity Name
BASIC TILE INC.

FILED

01 APR 30 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

11216 TAMiami TR N
STE 233
NAPLES FL 34110
US

11216 TAMiami TR N
STE 233
NAPLES FL 34110
US

2. Principal Place of Business

3. Mailing Address

580 93 AVE N

PO BOX 111390

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES

NAPLES FL

Zip

Country

Zip

Country

34108

COLLIER

34108

COLLIER

4. FEI Number 65-0418337

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

MIERENDORFF, NIELS
11216 TAMiami TR N
SUITE 233
NAPLES FL 34110

MIERENDORFF NIELS
380, 93 AVE N
NAPLES FL 34108

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
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00
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	PSTD	<input type="checkbox"/> Delete
NAME	MIERENDORFF, NIELS	
STREET ADDRESS	11216 TAMiami TRAIL, #233	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MIERENDORFF, KAY	
STREET ADDRESS	11216 TAMiami TRAIL, #233	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	-same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	580, 93 Ave N	
STREET ADDRESS	NAPLES FL. 34108	
CITY-ST-ZIP		
TITLE	-same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	342 GERMAIN AVE	
STREET ADDRESS	NAPLES FL. 34108	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800004192188-5	
STREET ADDRESS	-05/09/01--01144--001	
CITY-ST-ZIP	****793.75 ****158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is 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:

KAY M

3/15/2001

941 598-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)