

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90180 025 ***150.00

DOCUMENT # P94000044916

1. Corporation Name
UNIQUE BLOCK & TILE, INC.

Principal Place of Business
%ROBERT A. ROSENBERG, ESQ.
2641 MCCORMICK DR., SUITE 401
CLEARWATER FL 34619

Mailing Address
%ROBERT A. ROSENBERG, ESQ.
2641 MCCORMICK DR., SUITE 401
CLEARWATER FL 34619



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/13/1994

4. FEI Number
59-3249385

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 30333 US Hwy 19 N.

2a. Mailing Address
26 30333 US Hwy 19 N.

22 Suite, Apt. #, etc.
23 City & State: CLEARWATER FLORIDA

27 Suite, Apt. #, etc.
28 City & State: CLEARWATER FLORIDA

24 Zip 33761 25 Country PINELLAS

29 Zip 33761 30 Country PINELLAS

9. Name and Address of Current Registered Agent

ROSENBERG, ROBERT A ESQ.
2641 MCCORMICK DR., SUITE 401
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name ROBERT A. ROSENBERG

82 Street Address (P.O. Box Number is Not Acceptable)
28960 US 19 NORTH

83 Suite 100

84 City CLEARWATER FL 85 Zip Code 33761

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Robert A. Rosenberg*

1/14/99
DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME AZARIAN, HOSSEIN
STREET ADDRESS 30333 US 19 NORTH
CITY-ST-ZIP CLEARWATER FL

TITLE DVPT
NAME BROOKS, ROBERT W
STREET ADDRESS 30333 US 19 NORTH
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert W. Brooks* (Vice President) *Robert W. Brooks* 1/23/99 727-789-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)