

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045213

1. Entity Name

DOUBLE A TILE AND MARBLE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90156 009 ***150.00

Principal Place of Business

Mailing Address

4747 W. WATERS AVE.
APT. 408
TAMPA FL 33614

4747 W. WATERS AVE.
APT. 408
TAMPA FL 33549-9089

2. Principal Place of Business

19723-MORDEN BLUSH DR.

3. Mailing Address

19723-MORDEN BLUSH DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LUTZ, FLORIDA

LUTZ, FL.

City & State

City & State

4. FEI Number 59-3254693

Applied For

Not Applicable

Zip 33549

Country

Zip 33549

Country

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

DOSAL, ALLEN R SR
4747 W. WATERS AVE.
APT. 408
TAMPA FL 33614

Name

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

19723-MORDEN BLUSH DR.

City LUTZ, FLORIDA

FL

Zip Code 33549

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 D/PIT ☐ Delete
NAME DOSAL, ALLEN R SR
STREET ADDRESS 4747 W. WATERS AVE. #408
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 19723-MORDEN BLUSH DR.
CITY-ST-ZIP LUTZ, FLORIDA 33549

TITLE D/VP ☐ Delete
NAME DOSAL, ALLEN R JR
STREET ADDRESS 21710 N. MUNRO
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 8401-POYDEAS LANE
CITY-ST-ZIP TAMPA, FL. 33635

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

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 like empowered.

SIGNATURE:

Allen R. Dosal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date

813-826-7816
Daytime Phone #

CR2E034 (9/99)