

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000094196

1. Entity Name

DESTIN TILE AND MARBLE CO., INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90022 007 ***158.75

Principal Place of Business

Mailing Address

910 AIRPORT ROAD STE. A6
DESTIN FL 32541

910 AIRPORT ROAD STE. A6
DESTIN FL 32541-2814

609694



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

910 AIRPORT RD.

3. Mailing Address

910 AIRPORT RD.

Suite, Apt. #, etc.

SUITE A-6

Suite, Apt. #, etc.

SUITE A-6

City & State

DESTIN, FL

City & State

DESTIN, FL

4. FEI Number

59-3286722

Applied For

Not Applicable

Zip

32541-

Country

U.S.A.

Zip

32541

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICK, ALBERT T JR.
910 AIRPORT ROAD STE. A6
DESTIN FL 32541

Name

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

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. **XX**
(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NICK, ALBERT T JR.	
STREET ADDRESS	4021 LAUREN CT.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	NICK, LADONNA R	
STREET ADDRESS	4021 LAUREN CT.	
CITY-ST-ZIP	DESTIN FL 32541	
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		

12.

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ladonna Nick
Vice Pres. 1-24-00
850-654-7868

CR2E034 (9/99)