

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039641

1. Entity Name

SUPERIOR TILE & MARBLE, INC.

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

05-08-2000 90165 017 ***150.00

Principal Place of Business

Mailing Address

2022 WHISPERING SAND CT
 DOVER FL 33527
 US

P.O. BOX 42
 VALRICO FL 33595-0042
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0577706

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

MCCLOUD, DAVID
 2022 WHISPERING SAND COURT
 DOVER FL 33527

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. (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 ☐ Delete
 NAME T
 STREET ADDRESS MCCLLOUD, DAVID
 CITY-ST-ZIP 2022 WHISPERING SAND CIRCLE
 DOVER FL 33527

TITLE ☒ Change ☐ Addition
 NAME President
 STREET ADDRESS MCCLLOUD, DAVID
 CITY-ST-ZIP 2022 WHISPERING SAND CT
 DOVER FL 33527

TITLE ☐ Delete
 NAME P
 STREET ADDRESS MCCLLOUD, BEVERLY
 CITY-ST-ZIP 2022 WHISPERING SAND CIRCLE
 DOVER FL 33527

TITLE ☒ Change ☐ Addition
 NAME Vice President
 STREET ADDRESS BEVERLY MCCLLOUD
 CITY-ST-ZIP 2022 WHISPERING SAND CT
 DOVER FL 33527

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME TRES.
 STREET ADDRESS PATRICK, FENELLE
 CITY-ST-ZIP 1710 FOLLOWING DR.
 TAMPA, FL - 33612

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

813-601-5352

Daytime Phone #

CR2E034 (9/99)