

2001 UNIFORM BUSINESS REPORT (UBR)

1/22/01

FILED
Mar 07, 2001 8:00 am
Secretary of State

01-22-2001 90019 032 ***150.00

DOCUMENT # P95000042154

1. Entity Name

ANDERSON'S CUSTOM TILE INC.

Principal Place of Business

311 KEOWN AVE
POMONA PARK FL 32181

Mailing Address

311 KEOWN AVE
POMONA PARK FL 32181

2. Principal Place of Business

PO Box 490
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 490
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3316151**

Applied For
 Not Applicable

Zip

Country

Zip

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

ANDERSON, JAMES M
~~**311 KEOWN AVE**~~
POMONA PARK FL 32181

Name

St

311 Keown Ave

City

Pomona Park

FL

Zip Code

32181

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, 2001 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 **PO** ☐ Delete
 NAME **ANDERSON, JAMES M**
 STREET ADDRESS **311 KEOWN AVE**
 CITY-ST-ZIP **POMONA PARK FL 32181**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PO Box 490**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 #

CR2E034 (10/00)