

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90091 028 ***158.75

DOCUMENT # **P95000056407 ✓**

1. Entity Name

TILE & MARBLE BY SURFACING SPECIALIST INC.

Principal Place of Business

**509 US 1
 LAKE PARK
 FLORIDA 33403**

Mailing Address

**3620 PALM DR
 RIVIERA BEACH
 FLORIDA 33404**

A0046223

2. Principal Place of Business

**509 US 1, (LAKE PARK)
 Suite, Apt. #, etc.
 0**

3. Mailing Address

**3620 PALM DR
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

LAKE PARK FL

City & State

RIVIERA BEACH FL

4. FEI Number

650599459

Applied For

Not Applicable

Zip

33403

Country

US

Zip

33404

Country

US

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CHRISTOPHER MOFFITT
 3620 PALM DRIVE
 RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name **CHRISTOPHER MOFFITT**
 Street Address (P.O. Box Number is Not Acceptable)
3620 PALM DR.
 City **RIVIERA BEACH FL** Zip Code **33404**

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 **Christopher Moffitt** **PRESIDENT**
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **4/1/01**

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 **PRESIDENT** ☐ Delete
 NAME **CHRISTOPHER MOFFITT**
 STREET ADDRESS **3620 PALM DR**
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Christopher Moffitt** **CHRISTOPHER MOFFITT** **4/1/01** **561-841-8155**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)