

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089929

1. Entity Name
PROFESSIONAL TILE & MARBLE, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90157 025 ***150.00

Principal Place of Business
4879-1 CLYDO ROAD, SOUTH
JACKSONVILLE FL 32207
US

Mailing Address
P.O. BOX 600315
JACKSONVILLE FL 32259
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3342177

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

GRIFFIN, THOMAS S
810 THIRD STREET, SUITE C
NEPTUNE BEACH FL 32266

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME HARRINGTON, SKIP H
STREET ADDRESS 4879-1 CLYDO ROAD, SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

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

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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* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00

Date

904-287-9062

Daytime Phone #

CR2E034 (5/00)

P95000089929 (Attachment)
DO076101

Professional Tile & Marble, Inc.

P.O. Box 600315
Jacksonville, Florida 32260-0315

Phone 904-287-9062

Fax 904-287-8971

July 24, 2000

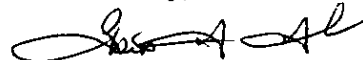
To: Department of State
Division of Corporations

RE: P95000089929
Late Filing Penalty

Dear Sir,

This letter is to request that you be so kind as to accept this payment of the original fee of \$150.00 for the Uniform Business Report. This was the first notice I received. I did not receive the first though I am sure it was sent to me. We are a very small family owned business and this kind of penalty would be devastating to us. As you can see from previous years we have always filed on time. Since I did not receive the first notice, I did not even think about the filing. This will not happen again. Any help you could provide in this matter would be greatly appreciated.

Sincerely,



Skip H. Harrington
President