

DOCUMENT # P95000089929

1. Entity Name  
PROFESSIONAL TILE & MARBLE, INC.

FILED  
Jan 10, 2001 8:00 am  
Secretary of State

01-10-2001 90137 008 \*\*\*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  
650 NEW BERLIN RD.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL  
Zip  
32218

City & State  
Zip

Country

4. FEI Number 59-3342177

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	D	<input type="checkbox"/> Delete
NAME	HARRINGTON, SKIP H	
STREET ADDRESS	4879-1 CLYDO ROAD, SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, SKIP H.	
STREET ADDRESS	650 NEW BERLIN RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BODWAY, WILLIAM H., SR.	
STREET ADDRESS	3765 CEDAR POINT RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
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
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 SKIP HARRINGTON SKIP H. HARRINGTON 1/4/00 904-287-9062  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)