

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089929

1. Entity Name
PROFESSIONAL TILE & MARBLE, INC.

Principal Place of Business

650 NEW BERLIN RD
JACKSONVILLE FL 32218
US

Mailing Address

P.O. BOX 600315
JACKSONVILLE FL 32259
US

2. Principal Place of Business

11251 BUSINESS PARK BLVD.

3. Mailing Address

11251 BUSINESS PARK BLVD.

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#7

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32256

Country

USA

Zip

32256

Country

USA

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

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, 2002 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 NAME ☐ Delete

D
HARRINGTON, SKIP H
650 NEW BERLIN ROAD
JACKSONVILLE FL 32218

TITLE NAME ☐ Delete

V
BODWAY, WILLIAM H SR
3785 CEDAR POINT RD
JACKSONVILLE FL 32226

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

D
SKIP H. HARRINGTON
11251 BUSINESS PARK BLVD. #7
JACKSONVILLE, FL 32256

TITLE NAME ☐ Change ☒ Addition

D
DIXIE HARRINGTON
11251 BUSINESS PARK BLVD. #7
JACKSONVILLE, FL 32256

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

904-292-2590

Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90012 016 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3342177

Applied For

Not Applicable

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

9198815 AT

CR2E034 (9/01)