

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096976

1. Entity Name
BLUE STREAK TILE AND MARBLE COMPANY, INC.

Principal Place of Business

6202 SHADOWOOD CIRCLE
NAPLES FL 34112
US

Mailing Address

6202 SHADOWOOD CIRCLE
NAPLES FL 34112
US

2. Principal Place of Business

5780 TAYLOR RD

Suite, Apt. #, etc.

2

3. Mailing Address

5780 TAYLOR RD

Suite, Apt. #, etc.

2

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34109

Country

COLLIER

Zip

34108

Country

COLLIER

6. Name and Address of Current Registered Agent

LANG, PETER R

6202 SHADOWOOD CIRCLE
NAPLES FL 34112

5780 TAYLOR RD #2
NAPLES, FL 34108

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, 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	LANG, PETER	
STREET ADDRESS	6202 SHADOWOOD CIRCLE	
CITY-ST-ZIP	NAPLES FL 34112	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER LANG	
STREET ADDRESS	5780 TAYLOR RD #2	
CITY-ST-ZIP	NAPLES, FL 34108	
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		
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:

Peter R. Lang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

941-514-4176

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

001100

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90187 001 ***150.00