

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014955

1. Entity Name

TILE BARN & CARPET, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90048 029 \*\*\*150.00

Principal Place of Business

Mailing Address

1830 JIM RED MAN PKWY  
PLANT CITY FL 33565

1830 JIM MAN PKWY55  
PLANT CITY FL 33565

2. Principal Place of Business

1202 COLLINS

3. Mailing Address

1202 COLLINS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY FL

City & State

PLANT CITY FL

4. FEI Number

65-0649080

Applied For

Not Applicable

Zip

33566

Country

HILLSBOROUGH

Zip

33566

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CABRERA, CARLOS  
4101 CORK RD  
PLANT CITY FL 33565

7. Name and Address of New Registered Agent

Name

HIRAM OYOLA

Street Address (P.O. Box Number is Not Acceptable)

4101 CORK RD

City

PLANT CITY

FL

Zip Code

33565

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

HIRAM OYOLA

(NOTE: Registered Agent signature required when reinstating)

2-10-00

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, 2000 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 ☐ Delete  
NAME P  
STREET ADDRESS OYOLA, HIRAM  
CITY-ST-ZIP 4101 CORK RD  
PLANT CITY FL 33565

TITLE ☒ Delete  
NAME V  
STREET ADDRESS CABRERA, CARLOS  
CITY-ST-ZIP 4101 CORK RD  
PLANT CITY FL 33565

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 812-719-2246  
Date Daytime Phone #

CR2E034 (9/99)