

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040902

1. Entity Name

CASE CREATIVE TILE, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90276 029 ***158.75

Principal Place of Business

Mailing Address

~~386 N MONROE ST
SUITE 7
TALLAHASSEE FL 32303~~

~~1264 HIGH RD.
TALLAHASSEE FL 32304-1844~~

2. Principal Place of Business

3. Mailing Address

~~0 2818~~

~~PO Box 38447~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~Industrial Plaza Dr. #H~~

City & State
~~Tallahassee FL~~

City & State
~~Tallahassee FLA~~

Zip
~~32301~~

Country
~~USA~~

Zip
~~32315~~

Country
~~USA~~

4. FEI Number **59-3238909**

Applied For

Not Applicable

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

~~CASE, JAMES D
3978 N MONROE ST
SUITE 7
TALLAHASSEE FL 32303~~

Name

~~CASE, JAMES D~~

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

~~2818 Industrial Plaza Dr. #H~~

City

~~Tallahassee~~

~~FL~~

Zip Code

~~32315~~

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

~~05/01/00~~

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **CASE, JAMES D**
CITY-ST-ZIP **1264 HIGH RD.
TALLAHASSEE FL 32304**

TITLE ☒ Change ☐ Addition
NAME **PTD**
STREET ADDRESS **CASE JAMES D**
CITY-ST-ZIP **PO Box 38447
Tallahassee FL 32315**

TITLE ☒ Delete
NAME **VSD**
STREET ADDRESS **CASE, KIMBERLY J**
CITY-ST-ZIP **1264 HIGH RD.
TALLAHASSEE FL 32304**

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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

Date

Daytime Phone #

~~05/01/00~~

~~850-570-2324
850-5143566~~

CR2E034 (3/97)