

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014681

1. Entity Name
TRAWICK TILE, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91354 039 ***150.00

Principal Place of Business

4090 SR 200, SUITE A&B
FERNANDINA BEACH FL 32034
US

Mailing Address

4090 SR 200, SUITE A&B
FERNANDINA BEACH FL 32034
US

2. Principal Place of Business

629 SOUTH 8TH ST

Suite, Apt. #, etc.

3. Mailing Address

629 SOUTH 8TH ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FERNANDINA BCH

City & State

FERNANDINA BCH FL

4. FEI Number 59-3430170

Applied For
Not Applicable

Zip

32034

Country

USA

Zip

32034

Country

USA

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

TRAWICK, MATTHEW D
~~2650 RACHAEL AVE~~
FERNANDINA BEACH FL 32034

1411 NORTH FLETCHER AVE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME TRAWICK, MATTHEW D
STREET ADDRESS ~~2650 RACHAEL AVE~~ 1411 N. Fletcher
CITY-ST-ZIP FERNANDINA BEACH FL 32034

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

TITLE V ☐ Delete
NAME TRAWICK, PATRICIA A
STREET ADDRESS ~~2650 RACHAEL AVE~~ 1411 N Fletcher
CITY-ST-ZIP FERNANDINA BEACH FL 32034

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

1-5-00

9042619703

CR2E034 (10/00)