

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020712

1. Entity Name

ELGENETTE WILLIAMS TILE, INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90002 032 ***150.00

Principal Place of Business

1131 FLORIDA AVE
CLEWISTON FL 33440
US

Mailing Address

1131 FLORIDA AVE
CLEWISTON FL 33440
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0727808

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILLIAMS, ELGENETTE
1131 FLORIDA AVENUE
CLEWISTON FL 33440

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **WILLIAMS, ELGENETTE**
STREET ADDRESS **1131 FLORIDA AVE**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Bennie Williams**
STREET ADDRESS **1131 FL Ave**
CITY-ST-ZIP **Clewiston, FL 33440**

TITLE **ST** ☐ Delete
NAME **EVERETT, WINNIE**
STREET ADDRESS **1131 FLORIDA AVE**
CITY-ST-ZIP **CLEWISTON FL 33440**

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

TITLE ☒ Delete
NAME **WRIGHT, DEIDRE**
STREET ADDRESS **1131 FLORIDA AVE**
CITY-ST-ZIP **CLEWISTON FL 33442**

TITLE **member** ☒ Change ☐ Addition
NAME **Deidra Wright**
STREET ADDRESS **1131 FL Ave**
CITY-ST-ZIP **Clewiston, FL 33440**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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 REQUIRED president

8/6/00

863-983-2546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

8/6/00

DW7777
Attachment

Doc. # P97000020712

To whom it may concern,

I, Elgenette Williams, president of this corporation, did not receive my initial application of reinstatement for the year 2000.

Spoke with ~~Kate~~ Leslie — she state to pay \$150.00 toward application. The full amount of \$150.00 is attached to form. Please notify me of any any further concern.

863-983-2546

Elgenette Williams