

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90100 010 \*\*\*150.00

DOCUMENT # P97000051501

1. Entity Name

**TILE MARKET OF NAPLES, INCORPORATED**

Principal Place of Business

**1170 THIRD ST S #B-110  
 NAPLES FL 34102  
 US**

Mailing Address

**834 ORANGE AVE  
 WINTER PARK FL 32789  
 US**

2. Principal Place of Business

3. Mailing Address

**1170 3rd St. South**

Suite, Apt. #, etc.

**# B110**

City & State

**Naples, FL**

Zip

**34102**

Country

**US**

4. FEI Number **65-0771354**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**VANDERMAST, ARNOLD  
 2403 HOWARD DR  
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

**DARRIN BOYLAN**

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

**1972 Cascades Dr. Unit #2**

City

**Naples**

**FL**

Zip Code

**34112**

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 **Darrin M. Boylan**

**DARRIN M. BOYLAN**

**4.18.01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VAN DER MAST, ARNOLD</b>	
STREET ADDRESS	<b>2403 HOWARD DRIVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SOYAL, BRENT A</b>	
STREET ADDRESS	<b>3459 PINE HAVEN CIR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
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	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARRIN BOYLAN</b>	
STREET ADDRESS	<b>1972 Cascades Dr. #2</b>	
CITY-ST-ZIP	<b>Naples, FL 34112</b>	
TITLE	<b>V. President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Fred M. Smith</b>	
STREET ADDRESS	<b>1972 Cascades Dr #2</b>	
CITY-ST-ZIP	<b>Naples, FL 34112</b>	
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		
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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: **DARRIN BOYLAN**

**4-18-01**

**941-261-9008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)