

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
 04-20-2000 90081 014 ***150.00

DOCUMENT # P97000055319

1. Entity Name

MEGA - TOUCH TILE & MARBLE, INC.

Principal Place of Business

Mailing Address

1353 Bunnell Rd.
 Apopka, Fl. 32703

1353 Bunnell Rd.
 Apopka, Fl. 32703

2. Principal Place of Business
 same as above

3. Mailing Address
 same

Suite, Apt. #, etc.
 1353 Bunnell Rd.

Suite, Apt. #, etc.
 1353 Bunnell Rd.

DO NOT WRITE IN THIS SPACE

City & State
 Apopka, Florida

City & State
 Apopka, Florida

4. FEI Number
 59-3454091

Applied For
 Not Applicable

Zip 32703 Country
 USA

Zip 32703 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

White, W G
 250 Park Avenue South
 5th Floor
 Winter Park, Fl. 32789

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, 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 PD
 NAME MEGAHEE, FRED SR.
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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: *Fred C. Megahie* FRED C. MEGAHEE 4/12/2000 1-904-345-0993
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)