

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058186

1. Entity Name
G & C RUG AND TILE, INC.

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90020 025 ***150.00

Principal Place of Business

5275 US 1 SOUTH
ST AUGUSTINE FL 32086

Mailing Address

5275 US 1 SOUTH
ST AUGUSTINE FL 32086

2. Principal Place of Business

3501 N. Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite J

City & State
St. Augustine

Zip Country

32084

3. Mailing Address

3501 N. Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite J

City & State
St. Augustine FL

Zip Country

32084



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3455836**

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

PETERSON, GARY L
918 SHORE DRIVE
ST AUGUSTINE FL 32086

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, type 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 ☐ Delete
NAME **PTD**
STREET ADDRESS **PETERSON, GARY L**
CITY-ST-ZIP **918 SHORE DRIVE**
ST AUGUSTINE FL 32086

TITLE ☒ Change ☐ Addition
NAME **PTD**
STREET ADDRESS **PETERSON, GARY L**
CITY-ST-ZIP **400 WATSON RD**
ST. AUGUSTINE FL 32086

TITLE ☐ Delete
NAME **SVD**
STREET ADDRESS **PETERSON, CHRISTINA**
CITY-ST-ZIP **918 SHORE DRIVE**
ST AUGUSTINE FL 32086

TITLE ☒ Change ☐ Addition
NAME **SVD**
STREET ADDRESS **PETERSON, CHRISTINA**
CITY-ST-ZIP **400 WATSON RD**
ST AUGUSTINE, FL 32086

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 #

4-30-2001 904 808-8362

CR2E034 (10/00)