

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066379

1. Entity Name
TOM HOGAN TILE & MARBLE, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90027 006 ***150.00

Principal Place of Business

Mailing Address

519 WOODFIRE WAY
CASSELBERRY FL 32707

519 WOODFIRE WAY
CASSELBERRY FL 32707

2. Principal Place of Business

1579 Crossbeam Drive

3. Mailing Address

1579 Crossbeam Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

Casselberry, FL

4. FEI Number 59-3461093

Applied For

Not Applicable

Zip
32707-5922

Country
USA

Zip
32707-5922

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

HOGAN, TOM C
519 WOODFIRE WAY
CASSELBERRY FL 32707

Name

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

1579 Crossbeam Drive

City

Casselberry

FL

Zip Code

32707-5922

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOGAN, TOM C 519 WOODFIRE WAY CASSELBERRY FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1579 Crossbeam Drive Casselberry, FL 32707-5922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Tom Hogan*

Tom Hogan

1-27-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)