## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 14, 2000 8:00 am Secretary of State DOCUMENT # **P97000074203** 1. Entity Name QUIRK TILE, INC. 02-14-2000 90173 003 \*\*\*150.00 Mailing Address Principal Place of Business 1550 ARGYLE DR. 1550 ARGYLE DR. OPPUADUL FT. LAUDERDALE FL 33312-1542 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address U. State Rd 7 Osceola DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0824034 B١ Not Applicable \$8.75 Additional 5. Certificate of Status Desired - -3021 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Same QUIRK, JAMES R Street Address (P.O. Box Number is Not Acceptable) 1550 ARGYLE DR. Osceola FT. LAUDERDALE FL 33312 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 X (NOTE: Registered Agent signature required when reinstating) ered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE Quink, Jomes R 127 Osceolo DR QUIRK, JAMES R NAME 1550 ARGYLE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 Hollywood FI 33021 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS 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 the empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #