

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90090 037 ***158.75

0077655

DOCUMENT # P98000028307

1. Entity Name

SHELLSTONE & TILE IMPORTS CORP.

Principal Place of Business

7610 ELLIS RD.
 WEST MELBOURNE FL 32904

Mailing Address

7610 ELLIS RD.
 WEST MELBOURNE FL 32904

00030014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

~~99-0000000~~
 59-3632437

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HUBBARD, GREG
141 VIRGINIA RD.
WEST MELBOURNE FL 32904

*New
 address:*

7. Name and Address of New Registered Agent

Name **GREG Hubbard**

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

~~PO Box~~ **112 ANONA PL.**

Indian Harbor Beach

City

FL 32937

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

TITLE **P**
 NAME **HUBBARD, GREGORY S**
 STREET ADDRESS **141 VIRGINIA RD**
 CITY-ST-ZIP **MELBOURNE FL 32904**

☐ Delete

see new add.

TITLE **VP**
 NAME **HUBBARD, ELIZABETH**
 STREET ADDRESS **141 VIRGINIA RD**
 CITY-ST-ZIP **MELBOURNE FL 32904**

☐ Delete

*see new
 address*

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)