

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0018040 AV

DOCUMENT # P98000028307

1. Entity Name  
SHELLSTONE & TILE IMPORTS CORP.



FILED

03 OCT 30 PM 1:33

Principal Place of Business  
7610 ELLIS RD.  
WEST MELBOURNE FL 32904

Mailing Address  
7610 ELLIS RD.  
WEST MELBOURNE FL 32904

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**REINSTATEMENT** 03  
Filing Number 59-3632437

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

HUBBARD, GREG  
712 ANONA PL.  
INDIAN HARBOR BEACH FL 32937

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-21-03

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS -

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME HUBBARD, GREGORY S  
STREET ADDRESS 112 ANONA PLACE  
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937 ☐ Delete

TITLE  
NAME 105 Coral Reef Dr  
STREET ADDRESS Satellite Beach, FL 32937 ☒ Change ☐ Addition  
CITY-ST-ZIP

TITLE VP  
NAME HUBBARD, ELIZABETH  
STREET ADDRESS 112 ANONA PLACE  
CITY-ST-ZIP INDIAN HARBOR FL 32937 ☐ Delete

TITLE  
NAME 105 Coral Reef Dr  
STREET ADDRESS Satellite Beach, FL 32937 ☒ Change ☐ Addition  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

12. 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 10 or Block 11 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

10-21-03

Date

Daytime Phone #

CR2E034 (4/03)