

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034197

1. Entity Name

PINO TILE OF DAYTONA BEACH, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90110 020 ***150.00

Principal Place of Business

Mailing Address

PETER C. PINO
2101 W. ATLANTIC BLVD.
POMPA BEACH FL 33069

%PETER C. PINO
2101 W. ATLANTIC BLVD.
POMPA BEACH FL 33069-2635

2. Principal Place of Business

808 W. Intn'l Speedway Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

City & State
Daytona Beach, FL

City & State

4. FEI Number

65-0828371

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

32114 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINO, PETER C
2101 W. ATLANTIC BLVD.
POMPA BEACH FL 33069

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, 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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PINO, PETER C
2101 W. ATLANTIC BLVD.
POMPA BEACH FL 33069 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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 #

3/3/00 954-971-0992

CR2E034 (9/99)