

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90009 011 ***150.00

DOCUMENT # P98000047571

1. Entity Name
LONGWOOD TILE & MARBLE, INC.

Principal Place of Business
695 SO WILMA STREET STE 113
LONGWOOD FL 32750

Mailing Address
695 SO WILMA STREET STE 113
LONGWOOD FL 32750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
695 Wilma Street

3. Mailing Address
695 Wilma Street

Suite, Apt. #, etc.
Suite 117

Suite, Apt. #, etc.
Suite 117

City & State
Longwood, FL

City & State
Longwood, FL

4. FEI Number
59-3512345

Applied For
☐ Not Applicable

Zip
32750

Country
Seminole

Zip
32750

Country
Seminole

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

BUNDY, DONNA L
695 SO WILMA STREET STE 113
LONGWOOD FL 32750

Name
Bundy, Donna L.

Street Address (P.O. Box Number is Not Acceptable)
695 Wilma Street, Ste. 117

City **Longwood** **FL** Zip Code **32750**

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, 2002 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 **D** ☐ Delete
NAME **BUNDY, DONNA L**
STREET ADDRESS **695 SO WILMA STREET STE 113**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **President** ☒ Change ☐ Addition
NAME **Bundy, Donna L.**
STREET ADDRESS **695 Wilma Street, Ste 117**
CITY-ST-ZIP **Longwood, FL 32750**

TITLE **D** ☐ Delete
NAME **BUNDY, HAYWOOD G**
STREET ADDRESS **695 SO WILMA STREET STE 113**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **V. President** ☒ Change ☐ Addition
NAME **Bundy, Haywood G.**
STREET ADDRESS **695 Wilma Street, Suite 117**
CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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 like empowered.

SIGNATURE: *Donna L. Bundy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02 407.767.1636
Date Daytime Phone #

CR2E034 (9/01)