

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91166 003 ***150.00

DOCUMENT # P98000057616

1. Entity Name

ALTENBURG TILE & MARBLE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10292 BOCA CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

10292 BOCA CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FLCity & State
NAPLES, FL4. FEI Number
59-3519536Applied For
Not ApplicableZip
34109Country
USAZip
34109Country
USA5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
AMERILAWYERStreet Address (P.O. Box Number is Not Acceptable)
343 ALMERIA AVENUECity
CORAL GABLES FL Zip Code
33134

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)January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ALTENBURG, JAMES M. 10292 BOCA CIRCLE NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Idel Altenburg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02 239-594-8380