

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087776

1. Entity Name

LANAI TILE, INC.

FILED

Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90099 049 ***150.00

Principal Place of Business

4109 BURNS RD
PALM BCH GARDENS FL 33410

Mailing Address

4109 BURNS RD
PALM BCH GARDENS FL 33410-4605

821902



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0868452

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARMOUR, ALAN T II
1645 PALM BEACH LAKES BLVD, SUITE 1200
WEST PALM BEACH FL 33401

Name ROGER F. SLEEP

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

332 SWEET BAY CIRCLE,

City JUPITER

FL

Zip Code 33410

8. The above named entity adopts 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: ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME TATUM, MORGAN G
STREET ADDRESS 10845 N DOGWOOD TRAIL
CITY-ST-ZIP JUPITER FL 33478 ☒ Delete

TITLE P
NAME ROGER F. SLEEP
STREET ADDRESS 332 SWEET BAY CIRCLE,
CITY-ST-ZIP JUPITER, FLORIDA, 33458 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP
NAME CONNIE SLEEP
STREET ADDRESS 332 SWEET BAY CIRCLE,
CITY-ST-ZIP JUPITER, FLORIDA, 33458 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

2/22/00

561 627-1433

Date

Daytime Phone #

CR2E034 (9/99)