

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000020705**

1. Entity Name  
**J&L FLORIDA TILE AND MARBLE, INC.**



**FILED  
Jan 08, 2003 8:00 am  
Secretary of State**

01-08-2003 90080 020 \*\*\*150.00

Principal Place of Business  
**2740 NW 36TH AVENUE  
LAUDERDALE LAKES FL 33311**

Mailing Address  
**2740 NW 36TH AVENUE  
LAUDERDALE LAKES FL 33311**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

**4. FEI Number** **65-0901109** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**CHECK HERE IF MAKING CHANGES**

**7. Name and Address of New Registered Agent**

**LINDSAY, JAMES  
2740 NW 36TH AVENUE  
LAUDERDALE LAKES FL 33311**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINDSAY, JAMES 2740 N.W. 36TH AVENUE LAUDERDALE LAKES FL 33311</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James Lindsay***

**SIGNATURE REQUIRED**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (10/02)

*James Lindsay 01-08-03 954-6951634*