

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063637

1. Entity Name

SOUTHERN TILE & REMODELING, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90182 001 \*\*\*150.00

Principal Place of Business

Mailing Address

1028 TWIN LAKES DRIVE  
 BUILDING 21  
 CORAL SPRINGS FL 33071

1028 TWIN LAKES DRIVE  
 BUILDING 21  
 CORAL SPRINGS FL 33071-5322

2. Principal Place of Business

5191 NW 15 ST  
 Suite, Apt. #, etc.

3. Mailing Address

5191 NW 15 ST  
 Suite, Apt. #, etc.

City & State  
 MARGATE FL

Zip  
 33063

Country  
 USA

City & State  
 MARGATE FL

Zip  
 33063

Country  
 USA

4. FEI Number

05-0935137

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORN, GREGORY  
 1028 TWIN LAKES DRIVE  
 BUILDING 21  
 CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name  
 GREGORY BORN

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

5191 NW 15 ST

City  
 MARGATE

FL

Zip Code  
 33063

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 *Gregory Born*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORN, GREGORY 1028 TWIN LAKES DRIVE, BLDG. 21 CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORN, CHRISTOPHER 1028 TWIN LAKES DRIVE, BLDG. 21 CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORN, GREGORY 5191 NW 15 ST MARGATE FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORN, CHRISTOPHER 5191 NW 15 ST MARGATE FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Date

Daytime Phone #