

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076108

1. Entity Name

TILE CONCEPTS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90023 011 ***150.00

Principal Place of Business

Mailing Address

21814 CRITTENDON STREET
NORTH PORT FL 34286

21814 CRITTENDON STREET
NORTH PORT FL 34286

2. Principal Place of Business

3. Mailing Address

2685-A Tamiami Tr.

2814 Crittendon St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL North Port, FL

4. FEI Number

65-0947995

Applied For

Not Applicable

Zip 33952

Country

USA

Zip

34286

Country

USA

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

BUNKLEY, JOHNNIE L
21814 CRITTENDON STREET
NORTH PORT FL 34286

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.

SIGNATURE

Johnnie L. Bunkley

(NOTE: Registered Agent signature required when reinstating)

3/31/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME Johnnie L. Bunkley
STREET ADDRESS 2814 Crittendon St.
CITY-ST-ZIP North Port, FL 34286

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

TITLE ☐ Delete
NAME Sec/Treas.
STREET ADDRESS Jamie Bunkley
CITY-ST-ZIP 2814 Crittendon St.
North Port, FL 34286

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/00 941-629-3868

CR2E034 (9/99)