

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101354

1. Entity Name  
STARR TILE, INC.

Principal Place of Business  
1095 WILLOW WOOD DRIVE  
PORT ORANGE FL 32119

Mailing Address

1095 WILLOW WOOD DRIVE  
PORT ORANGE FL 32119

2. Principal Place of Business      3. Mailing Address

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

City & State

Zip      Country

City & State

Zip      Country

4. FEI Number

**59-3610523**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**FRIEBIS, DANIEL S  
3890 TURTLE CREEK DRIVE, #B-1  
PORT ORANGE FL 32127**

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

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, 2001 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      **D**       Delete  
NAME      **TARDELLA, FRANK**  
STREET ADDRESS      **1095 WILLOW WOOD DRIVE**  
CITY-ST-ZIP      **PORT ORANGE FL 32119**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE       Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4/15/01

380 761-8220

Date

Daytime Phone #

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90355 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 10/00