

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S31908**

1. Entity Name

UNITED TILE & MARBLE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90087 005 ***150.00

Principal Place of Business

**389 EAST STATE RD. 434
LONGWOOD FL 32750**

Mailing Address

**389 EAST STATE RD. 434
LONGWOOD FL 32750-5486**

2. Principal Place of Business

3. Mailing Address

1155 Charles Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#135

City & State

City & State
Longwood, FL

4. FEI Number

59-3049416

Applied For

Not Applicable

Zip

Country

Zip

Country

32750

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

**DELEVANTE, MICHAEL E.
1117 GOLDEN CYPRESS COURT
ALTAMONTE SPRINGS FL 32714**

Name
Delevante, Michael E.

Street Address (P.O. Box Number is Not Acceptable)
1440 Lexington Parkway

City
Apopka

FL

Zip Code
32712

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, 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 **DP**
STREET ADDRESS **DELEVANTE, MICHAEL E.**
CITY-ST-ZIP **1440 LEXINGTON PKWY
APOPKA FL 32712**

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

TITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **PLYMALE, RICHARD E**
CITY-ST-ZIP **101 ARCHERS POINT
LONGWOOD FL 32779**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **DELEVANTE, SIGRUN E.**
CITY-ST-ZIP **1440 LEXINGTON PKWY
APOPKA FL 32712**

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

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:

Michael E. Delevante
DELEVANTE, MICHAEL E.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/00

407-629-7447

Date

Daytime Phone #

CR2E034 (9/99)