

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
 03-04-2000 90023 006 ***150.00

DOCUMENT # S80710

1. Entity Name

L & G TILE AND PLASTERING, INC.

Principal Place of Business

Mailing Address

125 GRIFFIN RD
 BOX 93 AND 103
 COCOA FL 32922

125 GRIFFIN DR. #93 & 104
 BAY 93 AND 104
 COCOA FL 32926-5262
 US

2. Principal Place of Business

125 Griffin Rd

3. Mailing Address

125 Griffin Rd Bay 93+103

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 93 + 103

City & State

Cocoa FL

City & State

Cocoa FL 32922

4. FEI Number

59-3085451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Zip

Country

32922 Brevard

Zip

Country

32922 Brevard

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMBLE, LARRY
 125 GRIFFIN DRIVE, 96
 COCOA FL 32922

Name

GAMBLE, LARRY

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

125 Griffin Rd

Bay 93 + 103

City

Cocoa FL 32922 FL

Zip Code

32922

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 **Larry Gamble**

Signature, typed or printed name of registered agent and title if applicable.

Sony Gamble President

(NOTE: Registered Agent signature required when reinstating)

2-28-2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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	PT	<input type="checkbox"/> Delete
NAME	GAMBLE, LARRY	
STREET ADDRESS	3896 KENNEDY CIR	
CITY - ST - ZIP	COCOA FL 32922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 **Larry Gamble, President**

Date

Daytime Phone #

CR2E034 (9/99)