

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90129 031 ***150.00

DOCUMENT # S83761

1. Entity Name
BOHNEN TILE, INC.



Principal Place of Business
**107TH STREET AND 6TH AVENUE GULF
POST OFFICE BOX 706
KEY COLONY BEACH FL 33051**

Mailing Address
**470 - 122ND STREET OCEAN
MARATHON FL 33050
US**

10003870



2. Principal Place of Business

3. Mailing Address

P.O. Box 2426

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARATHON FL

Zip

Country

Zip

Country

33052-2426 MONROE

4. FEI Number **65-0286060**

Applied For

Not Applicable

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

**WRIGHT, THOMAS D.
10095 O/S HWY SUITE #10
MARATHON FL 33050**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD**
NAME **BOHNEN, LAWRENCE J.**
STREET ADDRESS **5207 DOGWOOD DELL**
CITY-ST-ZIP **MARATHON FL 33050**

☐ Delete

TITLE **PSD**
NAME **BOHNEN, LAWRENCE J**
STREET ADDRESS **P.O. Box 2426**
CITY-ST-ZIP **MARATHON SHORES FL 33052-2426**

☒ Change ☐ Addition

TITLE **TD**
NAME **BOHNEN, LAWRENCE J**
STREET ADDRESS **5207 DOGWOOD DELL**
CITY-ST-ZIP **MARATHON FL 33050**

☐ Delete

TITLE **TD**
NAME **BOHNEN LAWRENCE**
STREET ADDRESS **P.O. Box 2426**
CITY-ST-ZIP **MARATHON SHORES FL 33052-2426**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence J. Bohnen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03

Date

305-743-9286

Daytime Phone #

CR2E034 (10/02)