

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90045 042 \*\*\*150.00

**616559**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # V08463**

1. Entity Name  
**STEPANEK TILE & MARBLE, INC.**

Principal Place of Business      Mailing Address

**3349 C GARDENS E DR**      **P O BOX 32312**  
**BEACH GARDENS FL 33410**      **PALM BEACH GARDENS FL 33420-2312**  
**US**

2. Principal Place of Business      3. Mailing Address

**15393 76<sup>th</sup> Trail N.**      Suite, Apt. #, etc.

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

City & State      City & State

**P.B.G. FL.**      City & State

Zip      Country      Zip      Country

**33418**      Country      Zip      Country

4. FEI Number      Applied For

**65-0316365**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

**KRAMER, SCOTT**  
**6650 W. INDIANTOWN RD.**  
**STE 200**  
**JUPITER FL 33458**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD STEPANEK, TIMOTHY 3349 C GARDENS E DR PALM BEACH GARDENS F	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPANEK, TIMOTHY 15393 76 <sup>th</sup> TRAIL N. P.B.G. FL. 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]      Date: 2/15/00      Daytime Phone #: (561) 746-8977

CR2E034 (9/99)