

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90049 006 \*\*\*150.00

**DOCUMENT # V32170**

1. Entity Name

**STONE & TILE SUPPLY, INC.**

Principal Place of Business

2020 WEST MCNAB ROAD  
SUITE 112  
FT LAUDERDALE FL 33309  
US

Mailing Address

2020 WEST MCNAB ROAD  
SUITE 112  
FT LAUDERDALE FL 33309  
US

00015496



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4101 NW 124th Ave

3. Mailing Address

4101 NW 124th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Coral Springs, FL

City &amp; State

Coral Springs, FL

4. FEI Number 65-0332287

Applied For  
Not Applicable

Zip 33065

Country US

Zip 33065

Country US

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

STYLES, MICHAEL J.  
888 S. ANDREWS AVE. S-301  
FT LAUDERDALE FL 33316

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ATTENASIO, JOSEPH  
STREET ADDRESS 10419 NW 48TH MANOR  
CITY-ST-ZIP CORAL SPRINGS FL ☐ DeleteTITLE V.P.  
NAME ATTENASIO, Deborah  
STREET ADDRESS 10419 NW 48TH MANOR  
CITY-ST-ZIP CORAL SPRINGS, FL. ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP ☐ DeleteTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/01

Date

954-344-8600

Daytime Phone #

CR2E034 (10/00)