

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V49178

3790

1. Entity Name

PEARSON TILE & MARBLE, INC.

FILED

Mar 07, 2000 8:00 am  
Secretary of State

03-07-2000 90016 024 \*\*\*150.00

Principal Place of Business

Mailing Address

2301 E LAS OLAS BLVD  
FT LAUDERDALE FL 33301  
US

5408 NORTHEAST FIRST AVENUE  
FORT LAUDERDALE FL 33334-1630

2. Principal Place of Business

3. Mailing Address

5408 N.E. 1st Ave  
Suite, Apt. #, etc.

5408 N.E. 1st Ave  
Suite, Apt. #, etc.

City & State

City & State

Ft. Laud. FL 33334  
Zip Country

Ft. Laud. FL  
Zip Country

4. FEI Number 65-0337875

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

PEARSON, JEFFREY L.  
5408 NORTHEAST FIRST AVENUE  
FORT LAUDERDALE FL 33334

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

*Jeff Pearson*

(NOTE: Registered Agent signature required when reinstating)

2-12-00  
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	DP	<input type="checkbox"/> Delete
NAME	PEARSON, JEFFREY L.	
STREET ADDRESS	5408 N.E. FIRST AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	PEARSON, KAMA LINN	
STREET ADDRESS	5408 NE FIRST AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHULMISTER, M. ROSS	
STREET ADDRESS	3081 EAST COMMERCIAL BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEARSON, JACK E	
STREET ADDRESS	2301 EAST LAS OLAS BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5408 N.E. 1st Ave	
STREET ADDRESS	5408 N.E. 1st Ave	
CITY-ST-ZIP	Ft. Laud. FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5408 N.E. 1st Ave	
STREET ADDRESS	5408 N.E. 1st Ave	
CITY-ST-ZIP	Ft. Laud. FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5408 N.E. 1st Ave	
STREET ADDRESS	5408 N.E. 1st Ave	
CITY-ST-ZIP	Ft. Laud. FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5408 N.E. 5th Ave	
STREET ADDRESS	5408 N.E. 5th Ave	
CITY-ST-ZIP	Ft. Laud. FL 33334	
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:

*Jeff Pearson*

JEFF PEARSON

2-12-00

954 771 4417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)