

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64703

1. Entity Name

TILEMASTERS OF CENTRAL FLORIDA, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90046 019 ***150.00

Principal Place of Business

Mailing Address

5500 SOUTHEAST 42ND AVENUE
OCALA FL 34470

5500 SOUTHEAST 42ND AVENUE
OCALA FL 34480-8677



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5391 SE MARICAMP RD.

3. Mailing Address

5391 SE MARICAMP RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3142138

Applied For

Not Applicable

Zip

34480

Country

USA

Zip

34480

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLT, WALTER E.
5500 SOUTHEAST 42ND AVENUE
OCALA FL 34470

7. Name and Address of New Registered Agent

Name Walter E. Holt

Street Address (P.O. Box Number is Not Acceptable)
5391 SE MARICAMP RD.

City OCALA

FL

Zip Code 34480

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, 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

TITLE D ☐ Delete
NAME HOLT, WALTER E.
STREET ADDRESS 5500 S.E. 42ND AVENUE
CITY-ST-ZIP OCALA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME WALTER E. HOLT
STREET ADDRESS 5391 SE MARICAMP RD.
CITY-ST-ZIP OCALA, FL 34480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 statement of the corporation or the registered agent 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: Walter E. Holt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00 (352) 694-3616
Date Daytime Phone #

CR2E034 (5/98)