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2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Jan 23, 2002 8:00 am Secretary of State DOCUMENT # K25744 1. Entity Name 01-23-2002 90089 046 ***150.00 ET CERAMIC TILE INSTALLATIONS CO. Principal Place of Business Mailing Address 4100 N. POWERLINE ROAD BLDG. # 0-1 4100 N. POWERLINE ROAD BLDG. # 0-1 POMPANO BEACH FL 33073 POMPANO BEACH FL 33073 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0054060 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLEIN, DAVID F Street Address (P.O. Box Number is Not Acceptable) 4230 NE 23RD TERR LIGHTHOUSE POINT FL 33064 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change ☐ Addition TITLE KLEIN, DAVID F. NAME NAME 4230 NE 23RD TERRACE STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP CITY-ST-ZIP ۷P ☐ Delete TITLE TITLE NAME KING, DAVID NAME STREET ADDRESS 1556 NW 32ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 Change ☐ Addition TITLE JVP ☐ Delete TITLE NAME ROBINSON, GREG NAME STREET ADDRESS STREET ADDRESS 2330 NE 1ST AVENUE CITY-ST-ZIE POMPANO BEACH FL 33060 CITY-ST-ZIP ☐ Change ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tal 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the informa indicated on this report or support the corporation or the receive

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR