## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # L06336 1. Entity Name 05-06-2002 90019 036 \*\*\*150.00 CERAMICS & SUCH, INC. Principal Place of Business Mailing Address 519 NE 36TH AVE 519 NE 36TH AVE OCALA FL 34470 OCALA FL 34470 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2963020 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAMRICK, MARY, ANN Street Address (P.O. Box Number is Not Acceptable) 519 NE 36TH AVE OCALA FL 34470 Zip Code City 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 4-22.02 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITL F TITLE ☐ Delete NAME NAME HAMRICK, MARY ANN STREET ADDRESS STREET ADDRESS 1228 NE 19TH AVE CITY-ST-7IP CITY-ST-ZIP OCALA FL ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME HAMRICK, DAVID O. STREET ADDRESS STREET ADDRESS 7303 18TH AVE NORTHWEST CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ANN HAMRICK 4-22-02 352-624-3363

Date Daytime Phone # Hamilick MRRI ili (din SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)