

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90409 020 \*\*\*150.00

**DOCUMENT # P99000081325**

1. Entity Name  
**CREATIONS WITH TILE, INC.**



Principal Place of Business  
**11540 SE 129TH PL  
OCKLAWAHA FL 32179**

Mailing Address  
**11540 SE 129TH PL  
OCKLAWAHA FL 32179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3604732**

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

**FLYNN, ANDREW E  
5105 S.E. 105TH PLACE  
BELLEVUE FL 34420**

Name **JAMES RALSTON**  
Street Address (P.O. Box Number is Not Acceptable)  
**11540 S.E. 129TH PL**  
City **Ocklawaha** FL Zip Code **32179**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/9/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RALSTON, JAMES R	
STREET ADDRESS	11540 SE 129TH PL	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	S	<input type="checkbox"/> Delete
NAME	RALSTON, MICHELLE R	
STREET ADDRESS	11540 SE 129TH PL	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JASON, RALSTON M V	
STREET ADDRESS	11565 S.E. HWY C25 AP#108	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/9/03 352-2881770**

CR2E034 (10/02)