

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 148175

1. Entity Name
CENTRAL FLORIDA TILE COMPANY OF OCALA

Principal Place of Business

PO BOX 53
1705 N E 16TH AVE
GAINESVILLE FL 32602

Mailing Address

PO BOX 53
1705 N E 16TH AVE
GAINESVILLE FL 32602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-0544025

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CRAIG, E A
1705 N E 16TH AVE
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

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

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, 2002 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 PD
NAME CRAIG, E A
STREET ADDRESS 4818 N W 17TH PLACE
CITY-ST-ZIP GAINESVILLE FL

☐ Delete

TITLE ST
NAME CRAIG, KEITH
STREET ADDRESS 4818 NW 17TH AVE
CITY-ST-ZIP GAINESVILLE FL

☐ Delete

TITLE VP
NAME CRAIG, PATRICIA S.
STREET ADDRESS 4818 NW 17TH PLACE
CITY-ST-ZIP GAINESVILLE, FL 00000

☐ Delete

TITLE C
NAME CRAIG, BRIAN D
STREET ADDRESS 4818 NW 17TH AVE
CITY-ST-ZIP GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Eugene A. Craig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene A. Craig, President

2/18/02

Date

352-376-6406

Daytime Phone #

0062664 AV

CR2E034 (9/01)