

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 343846

1. Entity Name

CERAMIC ENTERPRISES OF FLORIDA, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90062 030 ***150.00

Principal Place of Business

2950 ALOMA AVE
STE #305
WINTER PARK FL 32792
US

Mailing Address

2950 ALOMA AVE
STE 305
WINTER PARK FL 32792-3640
US

2. Principal Place of Business

800 Westwood Blvd.

Suite, Apt. #, etc.

W. Hwy. 426 Ste. D

City & State

Oviedo, FL

Zip

32765-8849

Country

U.S.A.

3. Mailing Address

800 Westwood Blvd.

Suite, Apt. #, etc.

W. Hwy. 426 Ste. D

City & State

Oviedo, FL

Zip

32765-8849

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1301698

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

FELDER, IRVING M
444 SHEPHERD AVE
WINTER PARK FL 33789

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
GOWELL, JOAN B
518 GLENARDEN RD
WINTER PARK, FL 00000 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FELDER, IRVING M
444 SHEPHERD AVE
WINTER PARK, FL 00000 ☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: Joan B. Gowell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00

Date

407-971-0100

Daytime Phone #

CR2E034 (9/99)