

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90323 021 ***150.00

DOCUMENT # 343846

1. Entity Name

CERAMIC ENTERPRISES OF FLORIDA, INC.

Principal Place of Business

**800 WESTWOOD BLVD
W HWY 426 STE D
OVIEDO FL 32765-8849
US**

Mailing Address

**800 WESTWOOD BLVD
W HWY 426 STE D
OVIEDO FL 32765-8849
US**

2. Principal Place of Business

209 Overlook Drive

Suite, Apt. #, etc.

3. Mailing Address

209 Overlook Drive

Suite, Apt. #, etc.

City & State

Chuluota, FL

Zip

32766-9688

Country

Seminole

City & State

Chuluota, FL

Zip

32766-9688

Country

Seminole

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

**FELDER, IRVING M
444 SHEPHERD AVE
WINTER PARK FL 33789**

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, 2001 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	PDT	<input type="checkbox"/> Delete
NAME	GOWELL, JOAN B	
STREET ADDRESS	518 GLENARDEN RD	
CITY-ST-ZIP	WINTER PARK, FL 00000	

TITLE	D	<input type="checkbox"/> Delete
NAME	FELDER, IRVING M	
STREET ADDRESS	444 SHEPHERD AVE	
CITY-ST-ZIP	WINTER PARK, FL 00000	

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

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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		

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** **Joan B Gowell/Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-25-01

Daytime Phone #

407
971-0100

CR2E034 (10/00)