FILE No.485 04/08 '03 AM 11:02 ID:DAVID ALLEN FA

FILED
Apr 15, 2003 8:00 am
Secretary of State
03-31-2003 90212 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853192

1. Entity Name
DAVID ALLEN TILE COMPANY, INCORPORATED

55025662

[redacted]

Principal Place of Business	Mailing Address
~~200 N HARRINGTON ST~~	~~300 N HARRINGTON ST~~
~~PO BOX 27705~~	PO BOX 27705
~~RALEIGH NC 27611~~	RALEIGH NC 27611

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
150 RUSH STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RALEIGH NC	City & State
Zip: 27603 Country: WAKE	Zip Country

4. FEI Number 56-0889788 ☐ 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
ROBERSON, SUE 3801 VINELAND RD., STE 5 ORLANDO FL 32811	Name: C T Corporation Street Address (P.O. Box Number is Not Acceptable): 660 E. Jefferson Street Telephone - 850-222-1092 City: Tallahassee FL Zip Code: 32301

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: Allan Farnell, Vice President 4/8/03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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 1:	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCOTT, DONALD R 2305 WHEELER RALEIGH NC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROBERSON, O DAVID 8221 NETHERLANDS RALEIGH NC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO ROBERSON, ROBERT C 5006 TREMONT RALEIGH NC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ODOM, C. ARTHUR 309 N HARRINGTON ST RALEIGH NC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: C. Arthur Odom - Vice President 3/26/03 919-821-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RECEIVED