

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-06-2003 90003 028 ***155.00

DOCUMENT # H35490

1. Entity Name

CUSTOM TILE OF DAYTONA, INC.



Principal Place of Business

412 WAYNE AVE

#9

NEW SMYRNA BEACH FL 32168

US

Mailing Address

BOX 290763

~~1326 S RIDGEWOOD #5~~

PORT ORANGE FL 32129

US

2. Principal Place of Business

412 WAYNE AVE

3. Mailing Address

Box 290763

Suite, Apt. #, etc.

#9

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

City & State

Port Orange FL

Zip

32168

Country

FLORIDA

Zip

32129

Country

FLORIDA

6. Name and Address of Current Registered Agent

ROBINSON, DAVID C.

1326 S RIDGEWOOD #5

DAYTONA BEACH FL 32014

4. FEI Number

59-1654661

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/03

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
NAME
STREET ADDRESS
CITY-ST-ZIPPD
FREY, PAUL L.
601 SEAGULL CT.
EDGEWATER FL 32141☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 25/03 386-427-7415

CR2E034 (10/02)