

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91071 041 ***150.00

032005 AV

DOCUMENT # K20161

1. Entity Name
CHUCK'S BRICK & TILE INSTALLATION, INC.



Principal Place of Business
**2224 NE 15 TERRACE
WILTON MANORS FL 33305**

Mailing Address
**2224 NE 15 TERRACE
WILTON MANORS FL 33305**



2. Principal Place of Business
10940 NW 17th Pl
Suite, Apt. #, etc.

3. Mailing Address
10940 NW 17th Pl
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs FL
Zip
33071 Country
USA

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Coral Springs FL
Zip
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USA

4. FEI Number **65-0038320** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RADER, CHARLES G.
2224 NE 15TH TER
WILTON MANORS FL 33305**

7. Name and Address of New Registered Agent

Name
Charles G. Rader Jr
Street Address (P.O. Box Number is Not Acceptable)
10940 NW 17th Pl
City
Coral Springs FL Zip Code
33071

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 **Charles G. Rader Jr PDT**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr 1 / 17 / 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT RADER, CHARLES G 2224 NE 15TH TERR WILTON MANORS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADER, ELIZABETH A. 2224 NE 15TH TER WILTON MANORS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RADER, CHARLES G JR. 2224 NE 15TH TERR WILTON MANOR FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT RADER Charles G Jr 10940 NW 17th Pl Coral Springs FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RADER LISA A 10940 NW 17th Pl Coral Springs FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Charles G. Rader Jr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 1 / 17 / 03 (954) 575-3442
Date Daytime Phone #

CR2E034 (10/02)