2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Flooring Contractors, INC

6. Name and Address of Current Registered Agent

Mailing Address

ent and title if applicable

POMPANO BEACH FL 33073

4100 N. POWERLINE ROAD BLDG. # 0-1

(NOTE: Registered Agent signature required when reinstating)

K25744 DOCUMENT # 1. Entity Name

ET CERAMIC TILE INSTALLATIONS CO.

Principal Place of Business

POMPANO BEACH FL 33073

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

OMPANO

3*06*0

KLEIN, DAVID F

4230 NE 23RD TERR

LIGHTHOUSE POINT FL 33064

8. The above named entity submits this the obligations of registered agent.

Signature, typed or printed name

20 SW 5th

4100 N. POWERLINE ROAD BLDG. # 0-1



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90087 010 ***150.00

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	•				
3. Mailing Address	12 Street				
Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHANGES		
Dity & State	1 51	4. FEI Number 65-0054060	Applied For		
	Ach, th	05-0054000	Not Applicable		
33060	Country		68.75 Additional ee Required		
nt Registered Agent		7. Name and Address of New Registered Agent			
	Name	,			
	Street Address	s (P.O. Box Number is Not Acceptable)			
	City City	FL	Zip Gode		
for the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am far	miliar with, and accept		

DATE

Afte Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State		·	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		RS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEIN, DAVID F. 4230 NE 23RD TERRACE LIGHTHOUSE POINT FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, DAVID 13402 S.W. 30 STREET MIRAMAR FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
STREET ADDRESS	JVP ROBINSON, GREG 2330 NE 1ST AVENUE POMPANO BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY_ST_ZIP_	ాయాముకారా ఈ కొండుకోయానికున్న భూమక భూమ ఏరు అన	☐ 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
TITLE	^	Delete	TITLE		☐ Change ☐ Addition

12. I hereby certify that the information supplied indicated on this report or supplemental reis filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director pred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or tr changed, or on an attachment with ar all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

03

81-2000