FILED Sep 17, 2001 8:00 am Secretary of State 09-17-2001 90001 030 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P00000008358
1. Entity Name	
C.E.D. TILE, INC.	

Principal Place of Business Mailing Address 1718 WESTERN ROAD 1718 WESTERN ROAD SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119



Suite Apt. #, etc. Suite Apt. #, etc. City & State Country Zip Country Zip Country S. Conflictate of Status Deviced See Regulary FL Street Address of New Registered Agent Name Name Street Address of New Registered Agent Name Street Address (P.D. Box Number is Not Acceptable) City FL Zip Code 8. The above named antity submits this statement for the purposts of changing its registered office or registered agent, or both, in the State of Forida. SIGNATURE Signature, haped or prima name of unjuliared egens and the displaceds To faing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 After September 12, 2001 Fee will b										
City & State Country Zip Country S. Centificate of Status Desired S8.75 Additional Security Securi	2. Principal Place of Business 3. Mailing Address		-7							
See and a set of the state of the purpose of changing its registered agent, or both, in the State of Francisco See and a set of the purpose of changing its registered agent, or both, in the State of Francisco Signature of the purpose of changing its registered office or registered agent, or both, in the State of Francisco Signature of the purpose of changing its registered office or registered agent, or both, in the State of Francisco Signature of the purpose of changing its registered office or registered agent, or both, in the State of Francisco Signature of the purpose of changing its registered office or registered agent, or both, in the State of Francisco Signature of the purpose of changing its registered office or registered agent, or both, in the State of Francisco Signature of the purpose of changing its registered office or registered agent, or both, in the State of Francisco Signature of the purpose of changing its registered office or registered agent, or both, in the State of Francisco Signature of the purpose of changing its registered office or registered agent, or both, in the State of Francisco Signature of the purpose of changing its registered agent, or both, in the State of Francisco Signature of the purpose of changing its registered office or registered agent, or both, in the State of Francisco Signature of the purpose of changing its registered agent, or both, in the State of Francisco Signature of the purpose of changing its registered agent, or both, in the State of Francisco Signature of the purpose of the purpose of changing its registered agent, or both, in the State of Francisco Signature of the purpose of the purpose of changing its registered agent, or both, in the State of Francisco Signature of the purpose of the purpose of the purpose of changing its registered agent, or both, in the State of Francisco Signature of the purpose o			Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE IN THIS SPACE				
Zip Country			City & State			4. FEI Number Applied For Not Applied For				
S. Name and Address of Current Registered Agent MAST, BRUCE A 1199 PINE ST., #108 DAYTONA BEACH FL 32119 City FL Zip Code After September 12, 2001 Fee will be \$750.00 After September 12, 2001 Fee will be \$	Zip	Country	Zip	Country	5.	Certificate of Status Desired				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Sprinker, house or grande neare of registered agent		6. Name and Address of Curre	nt Registered Agent		7. 1	Name and Address of New Re				
Street Address (P.C. box Number's Not Acceptable) City FL Zip Code	MACT D	NIOT 1		Name	Name					
DAYTONA BEACH FL 32119 City FL Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, lyaded or pristed name of registered agent are title it expiritable. BIT In a corporation is eligible to satisfy its Intangible Tark filing requirement and elects to do so. (See criteria on back) The Above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, lyaded or pristed name of registered agent a	·		Street Addr	Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, beed or printed nerve of registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tas filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE TARMES TO THE WESTERN Rd. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE TARMES TO THE ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE TARMES TO THE ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE TARMES TO THE ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE TARMES TO THE ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE TARMES TO THE TARMES CHANGES TO THE TARMES TO THE TARMES TO THE TARMES CHANGES TO THE TARMES CHANGES TO THE TARMES CHANGES CHANGES TO THE TARMES CHANGES CHA		•								
B. 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, hose or printed name of registered flore or registered agent, or both, in the State of Florida.	DAYTON	A BEACH FL 32119								
SIGNATURE Synature, typed or printed name of registated agent and title if expritable (NOTE Registated Agent signature required when reinstating) DATE				City			FL	Zip Code	e	
SIGNATURE Synature, typed or printed name of registated agent and title if expritable (NOTE Registated Agent signature required when reinstating) DATE	8. The above	named entity submits this statement	for the purpose of changing its	registered office or red	nistered ac	ent, or both, in the State of Flori	 da.			
Synthem, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent segment required Agent increasing) 9. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE TAMES KAMERZOI 118 Western Rd. 50. Dayfona, FL 33119 TITLE MAKE STREET ADDRESS 50. Dayfona, FL 33119 TITLE MAKE STREET ADDRESS 50. Sury-S1-ZP TITLE MAKE STREET ADDRESS 50. Sury-S1-ZP TITLE			Tar and parpose ar analoging na	Togratar on one	y.0.0.0 a ag		-:			
Synthem, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent segment required Agent increasing) 9. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE TAMES KAMERZOI 118 Western Rd. 50. Dayfona, FL 33119 TITLE MAKE STREET ADDRESS 50. Dayfona, FL 33119 TITLE MAKE STREET ADDRESS 50. Sury-S1-ZP TITLE MAKE STREET ADDRESS 50. Sury-S1-ZP TITLE	SIGNATURE .				_					
Tax filing requirement and elects to do so. (See criteria on back) After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Addition		Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	E: Registered Agent signature re	equired when r	einstating)	DATE			
After September 12, 2001 Fee will be \$750.00 (See criteria on back) After September 12, 2001 Fee will be \$750.00 (See criteria on back) Defecters AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE President Delete ITILE ANDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS STREE	9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE					10 Election Campaign Fina	ncina	\$ 5.0	M May Ba	
ITLE MANE STREET ADDRESS CITY-ST-ZIP TILE MANE STREET ADDRESS CITY-ST-ZIP	_					, •	~ —			
TITLE HAME HAME HAME HAME HAME HAME HAME HAME						PRITIONS (OLIVAIOSE TO OFFICE		IDEOT OD	CINI 44	
SITY-ST-ZIP So Daytona, FL 30119 CITY-ST-ZIP WILE BRUCE A. Mast SIRET ADDRESS CITY-ST-ZIP TITLE MAME SIRET ADDRESS CITY-ST-ZIP					AL	DDITIONS/CHANGES TO OFFIC				
SITY-ST-ZIP So Daytona, FL 30119 CITY-ST-ZIP WILE BRUCE A. Mast SIRET ADDRESS CITY-ST-ZIP TITLE MAME SIRET ADDRESS CITY-ST-ZIP		President	∟ Delete	I			L	_ Change	☐ Addition	
ITTY-ST-ZIP So. Daylong, FL 33119 ITTLE BYLICE A: Mast STREET ADDRESS STRY-ST-ZIP TITLE MAME STREET ADDRESS STRY-ST-ZIP	STREET ADDRESS									
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	So. Doviona, FL 3	<i>3119</i>	CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME STREET ADDRESS CITY-ST-ZIP	TITLE	■ Vice-Preside nt	☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME STREET ADDRESS CITY-ST-ZIP	NAME	Bruce A. Mast	_							
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	1199 Pinest, #10	8							
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	titi c	Laytona-Bch., E-L	20 119 □ Delete	- 			_ 	☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME		Li Delete	a 1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			STREET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
CITY-ST-ZIP	NAME									
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			□ Delate	-				7 Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHAPTER DELETE STREET ADDRESS CITY-ST-ZIP TITLE TIT	NAME		L Delete				L			
TITLE	STREET ADDRESS									
IAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP		,	CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE		☐ Delete	TITLE				Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME									
				l l						
		portific that the information consider the	ith this filing does not qualify for	<u> </u>	in Saction	119.07(3Vi) Elecido Statutos Li	further coeffs	that the it	nformation	

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.

Bruce A. Most, Vice-Pres 9-12-01