

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P00000008358

1. Entity Name

C. E. D. TILE, INC.



03 DEC -8 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

169 DESKIN DRIVE

Suite, Apt. #, etc.

3. Mailing Address

169 DESKIN DRIVE

Suite, Apt. #, etc.

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

City & State
SOUTH DAYTONA, FL

City & State
SOUTH DAYTONA, FL

4. FEI Number 59-3621099

Applied For
Not Applicable

Zip Country
32119 US

Zip Country
32119 US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JAMES KAMERZEL

Street Address (P.O. Box Number is Not Acceptable)

169 DESKIN DRIVE

City SOUTH DAYTONA

FL Zip Code 32119

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

SIGNATURE *James Kamerzel*

JAMES KAMERZEL

11/26/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

PRESIDENT - JAMES KAMERZEL,
169 DESKIN DRIVE
SOUTH DAYTONA, FL 32119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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800025329608
12/08/03--01083--003 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *James Kamerzel* JAMES KAMERZEL, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/03
Date

386/788-6101
Daytime Phone #

CR20048 (12/02)

C. E. D. Tile, Inc.
169 Deskin Drive
South Daytona, FL 32119

November 28, 2003

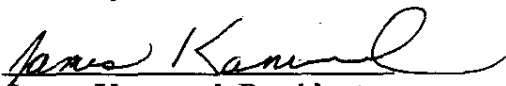
~~Division of Corporations~~
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Uniform Business Report - P00000008358

Dear Division of Corporations:

Please accept this payment in the amount of \$150.00 for my Uniform Business Report for 2003. It was recently brought to my attention that it had not been filed for this year. I did not receive any notices from your office as I usually do which would have reminded me to file the report. I apologize for the oversight and hope that you will accept this \$150.00 as payment in full. Any additional penalties would be a hardship for my small business as the past year has not been profitable. Thank you for your help in clearing up this matter. If additional information is needed, please contact me by return mail at the above address.

Sincerely,


James Kamerzel, President

~~C. E. D. Tile, Inc.~~