# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 26 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000069972

1. Entity Name

DR TILE ENTERPRISES INC.

300009213433
11/25/02--01032--002 **61.25

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1820 LOCKE STREET | 1820 LOCKE STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: TITUSVILLE, FL | City & State: TITUSVILLE, FL |
| Zip: 32780 Country: USA | Zip: 32780 Country: USA |

4. FEI Number: 59-3663968 ☐ Applied For ☐ Not Applicable

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: LOUIS VENUTI

Street Address (P.O. Box Number is Not Acceptable): 400 ORANGE STREET

City: TITUSVILLE FL Zip Code: 32796

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.

SIGNATURE: Louis Venuti 11/23/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | DAVID M ROSE |
| STREET ADDRESS | 1820 LOCKE STREET |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 |
| TITLE | DV |
| NAME | CONNIE ROSE |
| STREET ADDRESS | 1820 LOCKE STREET |
| CITY-ST-ZIP | TITUSVILLE, FL |
| TITLE | TS |
| NAME | RICHARD S BARGER |
| STREET ADDRESS | 4100 POLARIS AVE |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 |
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** X Connie L. Rose Connie L. Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/02 321-383-8453

Date Daytime Phone #

12/2/02