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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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PCKETARY OF STATE
ORIGINAL

0/0 Resign.

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9/11/03

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: DR Tile Enterprises Inc. (Name of Corporation)	
DOCUMENT NUMBER: P 000 000 69972	-
The enclosed Officer/Director Resignation for a Corporation and fee are submitted	for filing
Please return all correspondence concerning this matter to the following:	
Connie Rose (Name of Person)	वि
DR Tile Enterprises Inc. (Name of Firm/Company)	
1820 Locke 57 = (Address)	-
Titusville FL 32780 - (City/State and Zip Code)	-
For further information concerning this matter, please call:	
Connie Rose at (321) 383-8453 (Name of Person) (Area Code & Daytime Telephone N	lumber)
Enclosed is a check for \$35,00 made payable to the Florida Department of State.	_
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee FL 32309	

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Richard	1 S. I	Barger	hereby resi	gn as Se	cretai	ry le)		
of	D_R	Tile	Enter D Name of Corporat	rišes In	C:	; 5 Z		 7:	-
P	OCO 000 (Document Number	09972 er, if known)	a corpo	oration organiz	zed under the	laws of the	State of		
	Florida	Am.		an data - magazine	.				•
			Signature	resigning office	r/director)	· 	SECRETARY OF STATE	03 SEP 8 AM 9:	FILED
			FILING F	EE IS \$35.00)		E E	9: 38	

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314