

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90464 013 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107742

1. Entity Name
B & B CUSTOM TILE WORKS INC

Principal Place of Business Mailing Address
417 JUNIPER DRIVE

CRESTVIEW, FL
32536

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

553638

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3678983	Applied For Not Applicable
5. Certificate of Status Desired	Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL B. POLK
417 JUNIPER DRIVE

CRESTVIEW, FL 32536

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D	Delete
NAME	POLK, MARSHALL B.	
STREET ADDRESS	417 JUNIPER DRIVE	
CITY - ST - ZIP	CRESTVIEW, FL 32536	
TITLE	VP/D	Delete
NAME	BACK-KREBS, BRIDGET L.	
STREET ADDRESS	417 JUNIPER DRIVE	
CITY - ST - ZIP	CRESTVIEW, FL 32536	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marshall B. Polk* MARSHALL B. POLK

4/25/01

(850) 683-1146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)