

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

0131725 AV

07-30-2003 90065 010 \*\*\*550.00

**DOCUMENT # P01000043739**

1. Entity Name  
**C-LEVEL TILE, INC.**



Principal Place of Business  
**830 2ND ST  
MERRITT ISLAND FL 32953**

Mailing Address  
**3131 PEACEFUL ISLE CT  
MERRITT ISLAND FL 32953**



2. Principal Place of Business  
**3245 N. Courtney Pkwy**  
Suite, Apt. #, etc.  
**# 245**

3. Mailing Address  
**3131 PEACEFUL ISLE CT**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MERRITT ISLAND, FL**  
Zip  
**32953**  
Country  
**U.S.A.**

City & State  
**MERRITT ISLAND, FL**  
Zip  
**32952**  
Country  
**U.S.A.**

4. FEI Number  
**59-3725946**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CZAPLEWSKI, CHRISTIAN**  
**830 2ND ST**  
**MERRITT ISLAND FL 32953**

**7. Name and Address of New Registered Agent**

Name  
**Christian CZAPLEWSKI**  
Street Address (P.O. Box Number is Not Acceptable)  
**3131 PEACEFUL ISLE CT.**  
City  
**MERRITT ISLAND** FL Zip Code  
**32952**

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

SIGNATURE **Christian Szaplewski**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/28/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D</b> <b>CZAPLEWSKI, CHRISTIAN</b> <b>3131 PEACEFUL ISLE CT</b> <b>MERRITT ISLAND FL 32953</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CZAPLEWSKI, THERESA</b> <b>3131 PEACEFUL ISLE CT</b> <b>MERRITT ISLAND FL 32953</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Christian Szaplewski**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/28/03 (321) 452-9743**  
Date Daytime Phone #

CR2E034 (10/02)