

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90059 037 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000044683**

1. Entity Name  
**LIVELY'S TILE INC.**



Principal Place of Business  
 24521 SE HWY 450  
 UMATILLA, FL 32784

Mailing Address  
 PO BOX 862  
 EUSTIS, FL 32727

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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3717448** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LIVELY, DANA C**  
**24521 SE HWY 450**  
**UMATILLA, FL 32784**

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

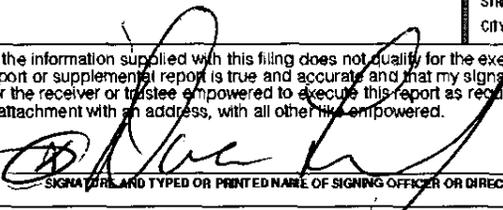
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$650.00**  
**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 |                    |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|--------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | PD                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | LIVELY, DANA C     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 24521 SE HWY 450   |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | UMATILLA, FL 32784 |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                    |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                    |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                    |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                    |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 | CITY-ST-ZIP   |                                 |                                   |

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 titles empowered.

SIGNATURE:  DATE: **9/4/03** DAYTIME PHONE #: **352-589-0313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (10/02)

Attachment

80146114

# P01000044683

**TRANSMITTAL LETTER**

Corp. Annual Reports & Reinstatements  
Division of Corporations  
P O BOX 6327  
Tallahassee, FL 32314

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SUBJECT: LIVELY'S TILE, INC.

Dear Sir or Madam:

Please find enclosed for filing the current year Uniform Business Report. Enclosed is a check in the amount of \$ 150.00 made payable to: Florida Department of State for the filing fee. The original form was never mailed or received. Please do not charge a late filing fee.

Yours Sincerely,

*Dana C. Lively*

Please return to:   LIVELY'S TILE, INC.  
                          -P O BOX 862  
                          EUSTIS FL 32727