

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90149 018 ***150.00

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DOCUMENT # P02000070015

1. Entity Name

GREEN CERAMIC TILE OF BREVARD, INC.



Principal Place of Business
**5605 LAKE POINSETT RD.
COCOA FL 32926**

Mailing Address
**5605 LAKE POINSETT RD.
COCOA FL 32926**



2. Principal Place of Business

1108 MARTHA LEE AVE

3. Mailing Address

1108 MARTHA LEE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

ROCKLEDGE FL

City & State

ROCKLEDGE FL

4. FEI Number

03-0473360

Applied For

Not Applicable

Zip

Country

32955 BREVARD

Zip

Country

32955 BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREEN, GEORGE M III
5605 LAKE POINSETT RD.
COCOA FL 32926**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1108 MARTHA LEE AVE

City

ROCKLEDGE

FL

Zip Code

32955

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

George M. Smith III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-03

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 **PS** ☐ Delete
NAME **GREEN, GEORGE M III**
STREET ADDRESS **5605 LAKE POINSETT RD.**
CITY-ST-ZIP **COCOA FL 32926**

TITLE **VT** ☐ Delete
NAME **GREEN, BARBARA R**
STREET ADDRESS **5605 LAKE POINSETT RD.**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1108 MARTHA LEE AVE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1108 MARTHA LEE AVE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

George M. Smith III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-03 32955 37-1397

Date

Daytime Phone #

CR2E034 (10/02)