FILED
Jun 30, 2003 8:00 am
Secretary of State
06-30-2003 90063 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000099016

1. Entity Name
DAVEWAVE TILE, INC.

Principal Place of Business	Mailing Address
210 SW 8TH AVENUE #2 FORT LAUDERDALE, FL 33312	210 SW 8TH AVENUE #2 FORT LAUDERDALE, FL 33312

2. Principal Place of Business	3. Mailing Address
12080 Picadilly Place	7491 W. Oakland Pk. Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 301
City & State: Davie, Florida	City & State: Lauderhill, Florida
Zip: 33325 Country: USA	Zip: 33319 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 56-2295307 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRAMMER, EDWIN L 7481 W. OAKLAND PARK BOULEVARD SUITE 102 LAUDERHILL, FL 33319	Name: Edwin L. Crammer, P.A. Street Address (P.O. Box Number Is Not Acceptable): 7491 W. Oakland Park Blvd. Suite 301 City: Lauderhill FL Zip Code: 33319

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 David Craycraft DATE 6/27/03
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 $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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CRAYCRAFT, DAVID	NAME	
STREET ADDRESS	210 SW 8TH AVENUE #2	STREET ADDRESS	12080 Picadilly Place
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	Davie, FL 33325
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: David Craycraft 6/27/03 (954) 742-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #