

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90237 010 ***150.00

DOCUMENT # P-4000007639

1. Entity Name

DALE HAYES TILE, INC.

DO NOT WRITE IN THIS SPACE

40084891

2. Principal Place of Business

280 ORANGE AVENUE

Suite, Apt. #, etc.

3. Mailing Address

280 ORANGE AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST.CLOUD, FL

City & State

ST.CLOUD, FL

4. FEI Number

20-2523311

Applied For

Not Applicable

Zip

Country

34769

Zip

Country

34769

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DDALE HAYES

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

280 ORANGE AVENUE

City

ST.CLOUD

FL

Zip Code

34769

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IN THIS SPACE

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

DALE HAYES

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT

DALE HAYES

280 ORANGE AVENUE

ST.CLOUD,FL 34769

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Dale Hayes

DALE HAYES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #