

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90847 028 ***150.00

DOCUMENT # P36749

1. Entity Name
SUMMITVILLE TILES, INC.



Principal Place of Business
P.O. BOX 73
SUMMITVILLE OH 43962

Mailing Address
P.O. BOX 73
SUMMITVILLE OH 43962

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-1694540**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	VTS FINNICUM, RICHARD E. 1909 PEARCE CIRCLE SALEM OH ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC JOHNSON, DAVID W 570 HIGHLAND AVE SALEM OH ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, JR. P C PO BOX 111 SUMMITVILLE OH ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, BRUCE F 250 THIRD AVE., NE HICKORY NC ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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**716 SOUTH LINCOLN AVENUE
SALEM, OH 44460**

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: *Richard E. Finnicum* **REQUIRE V.P.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 **(330) 323-1511**
Date Daytime Phone #

CR2E034 (10/02)