

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90503 020 ***150.00

0359748 AV

DOCUMENT # P93000026852

1. Entity Name

D & B TILE OF ORLANDO, INC.



Principal Place of Business

**4241 LB MCLEOD RD
ORLANDO FL**

Mailing Address

**14200 N.W. 4TH STREET
SUNRISE FL 33325**

2. Principal Place of Business

**4455 Dardanelle Drive
Suite B
Orlando, FL.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

65-0400249

Applied For

Not Applicable

Zip
32808

Country
U.S.A.

Zip

Country

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

6. Name and Address of Current Registered Agent

**YARBOROUGH, HAROLD G
14200 N.W. 4TH STREET
SUNRISE FL 33325**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **YARBOROUGH, HAROLD**
STREET ADDRESS **14200 N.W. 4TH STREET**
CITY-ST-ZIP **SUNRISE FL 33325**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **YARBOROUGH, DAVID A**
STREET ADDRESS **14200 N.W. 4TH STREET**
CITY-ST-ZIP **SUNRISE FL 33325**

TITLE **S/T/D** ☒ Change ☐ Addition
NAME **Yarborough, David A.**
STREET ADDRESS **14200 NW 4th Street**
CITY-ST-ZIP **Sunrise, FL. 33325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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: X

Harold Yarborough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Yarborough
Date

4/11/03 (954) 846-2663
Daytime Phone #

CR2E034 (10/02)