2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90356 016 ***150.00

769095

DOCUMENT # P94000004580

1. Entity Name

Quality Ceramic Tile & Remodeling, Inc.

Principal Place of Business	Mailing Address
103 Century 21 Dr #112 Jacksonville, FL 32216	103 Century 21 Dr #112 Jacksonville, FL 32216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3565-2 St. Augustine Rd		13500 Sutton Park Dr S	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 703	
City & State: Jacksonville, FL		City & State: Jacksonville, FL	
Zip: 32207	Country: USA	Zip: 32224	Country: USA

4. FEI Number 59-3217753 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Scott D. McClain
103 Century 21 Dr
Ste 112
Jacksonville, FL 32216

7. Name and Address of New Registered Agent

Name: D. Scott McClain
Street Address (P.O. Box Number is Not Acceptable): 13500 Sutton Park Dr S
Suite 703
City: Jacksonville FL Zip Code: 32224

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.

SIGNATURE [signature] DATE 4/26/01

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D D. Scott McClain 3703 Starratt Rd Jacksonville, FL 32226 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/26/01 (904) 396-5960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #