2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all of

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 31, 2000 8:00 am Secretary of State DOCUMENT # **P94000049548** 1. Entity Name ERIC'S CERAMIC TILE, INC. 01-31-2000 90089 010 ***150.00 Principal Place of Business Mailing Address 3439 MARSH ROAD 3439 MARSH ROAD KISSIMMEE FL 34746 KISSIMMEE FL 34746-6564 2. Principal Place of Business 3. Mailing Address 2901 BIGSKY BLVD 2901 BIGSKY BLVD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3275276 KIŚSIMMEE, FLORIDA KISSIMMEE, Not FLORIDA Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 34744 34744 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ----NIEDENTHAL, ERIC Street Address (P.O. Box Number is Not Acceptable) 507 MISSISSIPPI AVE ST CLOUD FL 34769 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. SIGNATURE DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. _ Change ☐ Delete TITLE TITLE D NIEDENTHAL, ERIC NAME NAME NIEDENTHAL, ERIC STREET ADDRESS 3439 MARSH ROAD STREET ADDRESS 2901 BIGSKY BLVD CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL KISSIMMEE, FLORIDA-34744 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ ***** ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 prescute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED