

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90231 040 ***150.00

DOCUMENT # P95000081242

1. Entity Name
CERAMIC SOLUTIONS, INC.Principal Place of Business
5410 ANDERSON ROAD
TAMPA, FL 33614Mailing Address
5410 ANDERSON ROAD
TAMPA, FL 33614

11016511

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3349918

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILTON, HENRY G
5410 ANDERSON ROAD
TAMPA, FL 33614

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 date if applicable

(NOTE: Registered Agent's signature required when amended)

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	HILTON, HENRY G III	3105 51ST AVENUE, N.E.	ST. PETE, FL 33703	
VP	KLEIN, JASON	1947 IOWA AVE. NE	SAINT PETERSBURG, FL 33703	☐ Delete
S	WILLIAMS, RHONDA	6731 EASTON LANE	SARASOTA, FL 34238	☐ Delete
T	HILTON, DONNA	1305 51ST AVENUE, N.E.	ST. PETE, FL 33703	☐ Delete
				☐ Delete
				☐ Delete

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

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 807, 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:

SIGNATURE AND TYPE OR PRINT LAST NAME OF SECRETARY OR DIRECTOR

Date

Daytime Phone #

4/23/03 813-889-8453

CR2034 (10/02)