

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90291 010 ***150.00

DOCUMENT # P95000092898

1. Entity Name
RANDY COX TILE, INC.



Principal Place of Business
**2210 AVIAN PLACE
JACKSONVILLE FL 32224**

Mailing Address
**2210 AVIAN PLACE
JACKSONVILLE FL 32224**



CHECK HERE IF MAKING CHANGES

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 **59-3351389**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COX, RANDY B
2210 AVIAN PLACE
JACKSONVILLE FL 32224**

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	T	<input type="checkbox"/> Delete
NAME	COX, RANDY B	
STREET ADDRESS	2210 AVIAN PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COX, KRISTIN	
STREET ADDRESS	2210 AVIAN PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	COX, ROY D	
STREET ADDRESS	2210 AVIAN PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	T	<input type="checkbox"/> Delete
NAME	COX, ROGER PAUL	
STREET ADDRESS	2210 AVIAN PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT (P NOT T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary (S NOT DS)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2003 (904) 221-2297
Date Daytime Phone #