2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # **P96000008545** 1. Entity Name DANIELS TILE, INC. 04-23-2001 90135 017 ***150.00 Principal Place of Business Mailing Address 241 HIDDEN DUNE CT 241 HIDDEN DUNE CT S PONTE VEDRA BCH FL 32082 S PONTE VEDRA BCH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3367202 Dacksonville Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -- --DANIELS, KENNETH C Street Address (P.O. Box Number is Not Acceptable) 1559 ABE COURT JACKSONVILLE FL 32225 Zip Code FL 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, 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Addition ☐ Delete TITLE TITLE DANIELS, KENNETH C NAME NAME 14603 Berringer Lane 241 HIDDEN DUNE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP S PONTE VEDRA BCH FL 32082 Delete TITLE ☐ Change ☐ Addition NAME DANIELS, CAREY NAME STREET ADDRESS 241 HIDDEN DUNE CT STREET ADDRESS CITY-ST-ZIP S PONTE VEDRA BCH FL 32082 CITY-ST-ZIP -- - Delete-TITLE ___ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if