

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90013 006 ***150.00

0654718 SP

DOCUMENT # P98000050880

1. Entity Name
A & C TILE INSTALLATION, INC.

Principal Place of Business Mailing Address
11355 AUTUMIN WINDLOOP **11355 AUTUMIN WINDLOOP**
CLERMONT FL 34711 **CLERMONT FL 34711**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3528972 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

JORDAN, EDWARD P II
13543 EAST HIGHWAY 50
CLERMONT FL 34711

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above registered office or registered agent, or both, in the State of Florida.

SIGNATURE **CAMPOS**

Registered Agent signature required when reinstating) DATE

9. This corp. Tax filing (See crite) 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. FEE IS \$150.00
 12. Fee will be \$550.00
 Fee to Department of State

| 11. | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------|------------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| V | CAMPUS, ANTONIO | | |
| | 11355 AUTUMN WIND LOOP | | |
| | CLERMONT FL 34711 | | |
| V | CAMPOS, CONNIE | | |
| | 11355 AUTUMN WIND LOOP | | |
| | CLERMONT FL 34711 | | |
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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: **CONNIE B. CAMPOS** **CONNIE B. CAMPOS** 2-15-02 352-242-1381
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)