FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90036 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

851472

DOCUMENT # P99000032246

1. Entity Name

Pro-Tile Of Central Florida, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5073 Bridge Road	5073 Bridge Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa, Fl.	City & State: Cocoa, Fl.
Zip: 32927 Country: USA	Zip: 32927 Country: USA

4. FEI Number: 59-3581283 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Balla, Kevin P.

Street Address (P.O. Box Number is Not Acceptable): 5073 Bridge Road

City: Cocoa, FL Zip Code: 32927

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: _____ Kevin P. Balla, President 321-631-8114

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Balla, Kevin P.
STREET ADDRESS	5073 Bridge Road
CITY-ST-ZIP	Cocoa, Fl. 32927
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: _____ Kevin P. Balla, President 321-631-8114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #