

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90098 030 \*\*\*150.00

**DOCUMENT # P99000062125**

**1. Entity Name**  
**CLEARWATER TILE, INC.**

**Principal Place of Business**  
**130 NORTH STARCREST DRIVE**  
**CLEARWATER FL 33765**

**Mailing Address**  
**130 NORTH STARCREST DRIVE**  
**CLEARWATER FL 33765**

**2. Principal Place of Business**  
**5080 15<sup>th</sup> Ave. South**  
 Suite, Apt. #, etc.  
**Gulfport, FL**  
 City & State

**3. Mailing Address**  
**5080 15<sup>th</sup> Ave. South**  
 Suite, Apt. #, etc.  
**Gulfport, FL**  
 City & State

**Zip** **33707** **Country** **Pinellas**

**Zip** **33707** **Country** **Pinellas**

**4. FEI Number** **59-3589034**

**Applied For**  
☐ **Not Applicable**

**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**

**LAKE, RONALD**  
**10369 112TH STREET NORTH**  
**LARGO FL 32778**

**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.**

**SIGNATURE** \_\_\_\_\_ (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)** ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PST** ☐ **Delete**  
**NAME** **LAKE, RONALD**  
**STREET ADDRESS** **10369 112TH ST N**  
**CITY-ST-ZIP** **LARGO FL 32778**

**TITLE** **V. PST** ☐ **Change** ☒ **Addition**  
**NAME** **DAVID William Rickerson**  
**STREET ADDRESS** **1419 55<sup>th</sup> St. South**  
**CITY-ST-ZIP** **Gulfport, FL 33707**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **Sec./Tres.** ☐ **Change** ☒ **Addition**  
**NAME** **Carrie Lynn Rickerson**  
**STREET ADDRESS** **1419 55<sup>th</sup> St. S.**  
**CITY-ST-ZIP** **Gulfport, FL 33707**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Delete**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**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 changed, or on an attachment with an address, without other like empowered.**

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

**Date** **24.02** **Daytime Phone #**

CR2E034 (9/01)