

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
 06-07-2000 90009 011 ***150.00

DOCUMENT #

1. Entity Name

CENTRAL FLORIDA TILE, INC.

Principal Place of Business

Mailing Address

601 FOUNTAIN ST
 FRUITLAND PARK FL 34731

2. Principal Place of Business

3. Mailing Address

601 FOUNTAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FRUITLAND PARK FL

Zip

Country

Zip

Country

34731

4. FEI Number

59-3603577

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

AMMER, EARL

601 FOUNTAIN ST

FRUITLAND PARK FL 34731

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, 2000 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 PD
 NAME AMMER, EARL
 STREET ADDRESS 601 FOUNTAIN ST.
 CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE VP
 NAME PROUT, JAMES
 STREET ADDRESS 205 DEBORAH AVE.
 CITY-ST-ZIP LEESBURG FL 34748

TITLE
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 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, with all other like empowered.

SIGNATURE:

Earl W Ammer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

EARL W AMMER

Date

04-29-00

Daytime Phone #

267-8840

CR2E034 (9/99)