

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90261 023 \*\*\*150.00

DOCUMENT # **999 000077369**

1. Entity Name

**CENTRAL FLORIDA TILE, INC.**

Principal Place of Business

Mailing Address (SAME)

**601 FOUNTAIN ST.  
 FRUITLAND PARK FL  
 34731**

00010011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59 360 3577**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EARL AMMER  
 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, 2001 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** ☐ Delete  
 NAME **AMMER, EARL**  
 STREET ADDRESS **FRUITLAND**  
 CITY-ST-ZIP **601 FOUNTAIN ST. PARK FL 34731**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition  
 NAME **PROUT, JAMES**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP-OPERATIONS** ☐ Change ☒ Addition  
 NAME **GUEMBLE, MARK**  
 STREET ADDRESS **PO BOX 562**  
 CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **Earl Ammer**

**EARL AMMER PRES 7/1/2001**

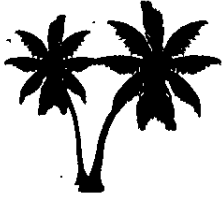
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Attachment Doc # P99000077369



C 0073677

**Central Florida Tile Inc.**

601 W Fountain St.  
Fruitland Park Fl. 34731  
U.S.A.

Phone (352) 315-1598

June 30<sup>th</sup> 2001

State of Florida  
Secretary of State  
Post Office Box 6327  
Tallahassee FL 32314

This is in reference to the year 2001 Uniform Business Report for my company.

I mailed the original report the week of April 10<sup>th</sup> 2011.

The check never cleared my bank.

Per instructions from your office enclosed is a copy of the original report and because the copy is not legible, I have prepared a replacement.

If you have any questions, please call me at (352) 267 8840, or fax any details to (352) 245 9001.

Thank you.

A handwritten signature in black ink, appearing to read 'Earl Ammer'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Earl Ammer  
President  
Central Florida Tile, Inc.

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077369

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CENTRAL FLORIDA TILE, INC.

Principal Place of Business  
601 FOUNTAIN ST.  
FRUITLAND PARK FL 34731

Mailing Address  
601 FOUNTAIN ST.  
FRUITLAND PARK FL 34731

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3803577

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current 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 the filer

(NOTE: Registered Agent signatures required when removing)

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

May 1, 2001 Fee will be \$250.00  
Make Check Payable to Department of Banking

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May be Added to Fees

11. OFFICERS AND DIRECTORS

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

☐ Delete

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

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP OPERATIONS  
MARK GUENBLE

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Add

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Add

VP  
JASON HATT  
VP-OPERATIONS  
MARK GUENBLE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, changed, or on an attachment with my address, with a other like empowered.

SIGNATURE:

EARL AMMER 4/14/2001

Date

Signature Phrase if

Attachment  
Doc# P99000077369  
CO

DO NOT WRITE IN THIS SPACE

