## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Jul 18, 2001 8:00 am DOCUMENT #1299 ()() **Secretary of State** CENTRAL FLORIDA 07-18-2001 90261 023 \*\*\*150.00 Principal Place of Business FOUNTAIN ST. **UUU!IUU!** 34731 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For *59 3*60 3*5* 7 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FRUIT LAND PACK FL 34731 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME AMMER, EARL NAME FRUITLAND STREET ADDRESS STREET ADDRESS GOI FOUNTAIN ST. PACK FE 3473 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITI F TITLE PROUT, JAMES NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VP-OPERATION S Change Addition ☐ Defete TITLE TITLE NAME NAME GUEMBLE, MARK STREET ADDRESS STREET ADDRESS Po Box -562 CITY-ST-ZIP CITY ST 7IP LADY CAICE FL 32159 Change ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7/P TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

MMM— EARL AMMER
PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES 7/1/2001

Daytime Phone #

601 W Fountain St.

Fruitland Park Fl. 34731

Phone (352) 315-1598

June 30th 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.

**Earl Ammer** President

Central Florida Tile, Inc.

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