FILED
Jun 02, 2002 8:00 am
Secretary of State
06-02-2002 90905 026 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077369

1. Entity Name
CENTRAL FLORIDA TILE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
601 FOUNTAIN ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FRUITLAND PARK FL	City & State
Zip: 34731 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3603577 ☐ 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: EARL AMMER

Street Address (P.O. Box Number is Not Acceptable)
601 FOUNTAIN ST

City: FRUITLAND PARK FL Zip Code: 34731

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 _____ DATE
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

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	EARL AMMER
STREET ADDRESS	601 FOUNTAIN ST
CITY-ST-ZIP	FRUITLAND PARK FL 34731
TITLE	VP
NAME	JAMES PROUT
STREET ADDRESS	PO BOX 338
CITY-ST-ZIP	OCKLAWAHA FL 32179
TITLE	
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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: Earl Ammer PRESIDENT EARL AMMER 5/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #