2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 262945 1. Entity Name GIRONE TILE AND FLOORS, INC.

FILED Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90044 028 ***150.00

Mailing Address Principal Place of Business 1302 E BUSCH BLVD E BUSCH BLVD TAMPA FL 33612-8127 - FL 33612 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0977083 Not Applicable Ζiρ Country 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 Name STEAD, GERALD H. Street Address (P.O. Box Number is Not Acceptable) 12421 N.FLORIDA AVE., STE.B-133 **TAMPA FL 33612** Zip Code City 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) FILE NOW!!! FEE (S \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change Delete TITLE **CALTAGIRONE, JENNIE** NAME 1302 E. BUSCH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition TITLE Delete TITLE CALTAGIRONE, MICHAEL NAME NAME STREET ADDRESS 1302-E BUSH BLVD. STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TAMPA FL Addition ☐ Change VST ☐ Delete TITLE CALTAGIRONE, LOUIS NAME 1302 E. BUSCH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition ☐ Change Delete TITLE TITLE CALTAGIRONE, PHILIP P. NAME NAME 1302 E. BUSCH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Delete

☐ Delete

//13/00 8/3 932-05/

Change

Change

Addition

Addition