

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90064 006 ***150.00

DOCUMENT # 416512

1. Entity Name
RICATE TILE CORPORATION

Principal Place of Business

**25310 TETHER LN
PUNTA GORDA FL 33983
US**

Mailing Address

**25310 TETHER LN
PUNTA GORDA FL 33983
US**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1429875

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCAVUZZO GIULLO
16354 EAST EPSOM DRIVE
LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name **GIULIO SCAVUZZO**
Street Address (P.O. Box Number is Not Acceptable)
25310 TETHER LANE
PUNTA GORDA
City **FL** Zip Code **33983**

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 *Giulio Scavuzzo*
Signature, typed or printed name of registered agent and title if applicable.

GIULIO SCAVUZZO

1/15/02
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, 2002 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

TITLE **DPT** ☐ Delete
NAME **SCAVUZZO, GIULIO**
STREET ADDRESS **16354 E EPSOM DR**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **T** ☐ Delete
NAME **SCAVUZZO, JOSETTE L**
STREET ADDRESS **16354 E EPSOM DR**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *JoSette L Scavuzzo* **JOSETTE L. SCAVUZZO** **1/15/02** **941-235-2197**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)