

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90147 009 ***150.00

DOCUMENT # G24122

1. Entity Name
TRIPOLINO TILE, INC.

Principal Place of Business
5237 DOVER ST NE
ST PETERSBURG FL 33703
US

Mailing Address
5237 DOVER ST NE
ST PETERSBURG FL 33703
US

80065348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2329964

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

7. Name and Address of New Registered Agent

TRIPOLINO, RICHARD E
5237 DOVER ST NE
ST. PETERSBURG FL 33703

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **DP** ☐ Delete
NAME **TRIPOLINO, RICHARD E**
STREET ADDRESS **5237 DOVER ST NE**
CITY-ST-ZIP **ST PETERSBURG 33703**

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

TITLE **D** ☐ Delete
NAME **TRIPOLINO, DAWN E**
STREET ADDRESS **5237 DOVER ST NE**
CITY-ST-ZIP **ST PETERSBURG FL 33703**

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
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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:

Dawn Tripolino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-2001
 Date

727 527-0448
 Daytime Phone #

CR2E034 (5/01)

Attachment

Due # G24 122

TRIPOLINO TILE, INC.

BDU 5542

5237 DOVER STREET NE
ST. PETERSBURG, FL 33703

727 527-0448 PHONE / FAX

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please find the enclosed check for the filing fee for Tripolino Tile, Inc.

This form was originally mailed last spring on April 16, 2001. As in previous years, this form was filed in April (4/30/1999 and 4/26/2000) prior to the May 1st due date. Upon receiving the second notice from your Department, I searched my files and discovered that my check had, in fact, not been cleared through the business checking account. Since this is a single-part form, I do not have a copy of the information submitted, so have completed the second form.

As advised by Steve at you toll-free number, I am submitting this letter along with the form and check for you consideration.

I look forward to utilizing the electronic filing system in the future to avoid this kind of stressful situation.

Sincerely,


Dawn Tripolino