

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90075 009 ***150.00

DOCUMENT # P00000002044

1. Entity Name
SALONE TILE, INC.



Principal Place of Business
**21491 CHIPMAN AVENUE
PORT CHARLOTTE FL 33954-3817**

Mailing Address
**21491 CHIPMAN AVENUE
PORT CHARLOTTE FL 33954-3817**

2. Principal Place of Business

3. Mailing Address
P.O. Box 495548

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PORT CHARLOTTE FL

Zip

Country

Zip

Country

33949

4. FEI Number **65-0871835**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PREWETT, DANIEL L
5777 BENEVA ROAD SOUTH
SARASOTA FL 34233**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SALONE, PAUL J JR.**
STREET ADDRESS **21475 CHIPMAN AVENUE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954-3817**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **SALONE PAUL J., JR**
STREET ADDRESS **P.O. Box 495548**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33949**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/10

766-8844

CR2E034 (10/02)

Attachment

SALONE TILE, INC.
P.O. BOX 495548
PORT CHARLOTTE, FL 33949

80138192
#P00000002044

^{Aug}
~~June~~ 9, 2003

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

To Whom It May Concern:

I just received my Uniform Business Report in the mail and I realize it is now late. Therefore because it went to the wrong address and had to be forwarded to me, I am requesting that you abate the normal late charge of \$400 and except my check for the \$150 filing fee. Please note change of address on my form. Thank you in advance for your assistance with this matter.

Sincerely,



Paul Salone