

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90049 001 ***150.00

DOCUMENT # P00000022776

1. Entity Name
RIO TILE & MARBLE, INC.

Principal Place of Business

**2301 BRUNER LANE
 B-1
 FORT MYERS FL 33912**

Mailing Address

**2301 BRUNER LANE
 B-1
 FORT MYERS FL 33912**

359166



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

65-0987243

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

**SMITH, WILLIAM R
 8191 COLLEGE PARKWAY
 SUITE 204
 FORT MYERS FL 33919**

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.

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD PERNA, JOHN A 5219-4 CEDAR BEND DRIVE FORT MYERS FL 33919 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREIRA, EDUARDO A 4145 PELICAN BOULEVARD CAPE CORAL FL 33914 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERIERA, ANDREA C 4145 PELICAN BLVD CAPE CORAL FL 33914 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Pereira, Andrea C. 4145 Pelican Boulevard Cape Coral, FL 33914 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Santana, Ismael 5317 Summerlin Road, #1 Fort Myers, FL 33907 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Junior, Felipe S. 5466 Second ave Fort Myers, FL 33907 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

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

4-23-02

(941) 415-1800
 Date Daytime Phone #

CR2E034 (9/01)