

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90291 014 ***150.00

DOCUMENT# P02000058657

1. Entity Name

SAVIOLI TILE & MARBLE INSTALLATION, INC.

Principal Place of Business	Mailing Address
2905 NELSON ST.	2905 NELSON ST.
FORT MYERS FL 33901	FORT MYERS FL 33901

2. Principal Place of Business	3. Mailing Address
13535 EAGLE RIDGE DRIVE	13535 EAGLE RIDGE DRIVE
Suite Apt. #, etc.	Suite Apt. #, etc.
714	714
City & State	City & State
FORT MYERS, FL	FORT MYERS, FL
Zip	Zip
33912	33912
Country	Country
USA	USA

4. FEI Number **01-0697930**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAX HOUSE CORPORATION	Name
11801 S CLEVELAND AVE # 6	Street Address (P.O. Box Number is Not Acceptable)
FORT MYERS, FL 33907	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: Register 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, 2004 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		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVIOLI, DEDILEY S	NAME	SAVIOLI, DEDILEY S
STREET ADDRESS	2905 NELSON ST.	STREET ADDRESS	13535 EAGLE RIDGE DRIVE # 714
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Dediley S. Savoli - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/04 (239) 340-9005

Date Daytime Phone #