

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000058657

1. Entity Name

SAVIOLI TILE & MARBLE INSTALLATION, INC.

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90156 028 ***150.00

10065073

DO NOT WRITE IN THIS SPACE

Principal Place of Business 13615 EAGLE RIDGE DR #1612 FORT MYERS, FL 33912	Mailing Address 13615 EAGLE RIDGE DR #1612 FORT MYERS, FL 33912
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2. Principal Place of Business 2905 NELSON ST Suite Apt. #, etc. #1 City & State FORT MYERS, FL Zip 33901 Country USA	3. Mailing Address 2905 NELSON ST Suite. Apt. #, etc. #1 City & State FORT MYERS, FL Zip 33901 Country USA
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4. FEI Number 01-0697930	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAX HOUSE CORPORATION 531 E SAMPLE RD POMPANO BEACH, FL 33064

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) <input type="checkbox"/>	FILE NOW! FEE IS \$150.00 After MAY 1, 2003 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAVIOLI, DEDILEY S. 13615 EAGLE RIDGE DR #1612 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAVIOLI, DEDILEY S. 2905 NELSON ST #1 FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. Savio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/03/239/340-9005
Date Daytime Phone #