

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90148 030 \*\*\*158.75

0517408 AV

**DOCUMENT # P02000089171**

1. Entity Name  
**ELITE TILE & MARBLE, INC.**



Principal Place of Business  
**8612 DARMOUTH STREET  
FT MYERS FL 33907**

Mailing Address  
**8612 DARMOUTH STREET  
FT MYERS FL 33907**



2. Principal Place of Business  
**7781 REFLECTION COVE**

3. Mailing Address  
**7781 REFLECTION COVE**

Suite, Apt. #, etc.  
**# 308**

Suite, Apt. #, etc.  
**# 308**

City & State  
**FT. MYERS FL**

City & State  
**FT. MYERS FL**

4. FEI Number  
**83-0348134**

Applied For  
☐ Not Applicable

Zip  
**33907**

Country  
**USA**

Zip  
**33907**

Country  
**USA**

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

**KAYUSA, MICHAEL F ESO  
1922 VICTORIA AVE STE A  
FT MYERS FL 33901**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/27/2003**

~~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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPVS  
TROFIN, DORIN  
8612 DARMOUTH STREET  
FT MYERS FL 33907** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MATEI GRUIA  
28 CANTON CIRCLE  
CONCORD NH 03301** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DANILOV, TEDOR  
8612 DARMOUTH STREET  
FT MYERS FL 33907** ☒ Delete

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

TITLE  
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☐ Change ☐ Addition

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: **DORIN TROFIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/27/2003**  
Date Daytime Phone #

CR2E034 (10/02)