

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90005 010 ***163.75

DOCUMENT # P03000133055

1. Entity Name

BOB SASSO TILE & MARBLE, INC.



Principal Place of Business

1204 NE 21ST COURT
OCALA FL 34470

Mailing Address

1204 NE 21ST COURT
OCALA FL 34470

94008183



MOORE CR2E034 (11/03)

2. Principal Place of Business

1204 N.E. 21 Ct.

3. Mailing Address

1204 N.E. 21 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, Fla.

City & State

OCALA, Fla.

4. FEI Number

42-1609505

☒ Applied For

☐ Not Applicable

Zip

34470

Country

Marion

Zip

34470

Country

Marion

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

SASSO, ROBERT
1204 NE 21ST COURT
OCALA, FLORIDA FL 34470

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]

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

(NOTE: Registered Agent signature required when reinstating)

01-26-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 P ☐ Delete
NAME SASSO, ROBERT
STREET ADDRESS 1204 NE 21ST COURT
CITY-ST-ZIP Ocala FL 34470

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-04 352-572-5913

Date

Daytime Phone #