

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90247 008 ***150.00

DOCUMENT # P03000154303	
1. Entity Name	
JOE INGRATI TILE, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5615 SOUTH OAK CT		3. Mailing Address 5615 SOUTH OAK CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA		City & State SARASOTA	
Zip 34232	Country SARASOTA	Zip 34232	Country SARASOTA

4. FEI Number 20-0544229	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MUIA FRANCESCO	
Street Address (P.O. Box Number is Not Acceptable) 5615 SOUTH OAK CT	
City SARASOTA	Zip Code 34232

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INGRATI, GIUSEPPE 5615 SOUTH OAK CT SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUIA, FRANCESCO 5615 SOUTH OAK CT SARASOTA, FL 34232
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #