

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90487 003 \*\*\*150.00

**DOCUMENT # P33463**

1. Entity Name

**RICCHETTI CERAMIC, INC.**

Principal Place of Business

200 S HARBOR CITY BLVD  
SUITE 403  
MELBOURNE FL 32901

Mailing Address

200 S HARBOR CITY BLVD  
SUITE 403  
MELBOURNE FL 32901

2. Principal Place of Business

404 S. Babcock St.

Suite, Apt. #, etc.

3. Mailing Address

404 S. Babcock St.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 22-3052943

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SCHERMERMORN, GARY  
3125 W NEW HAVEN AVE  
SUITE 200  
WEST MELBOURNE FL 32904

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) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DPS	JOHNSON, WILLIAM E	200 S. HARBOR CITY, #403	MELBOURNE FL	<input type="checkbox"/>
C	ARLETTI, RENZO	200 S. HARBOR CITY, #403	MELBOURNE FL	<input type="checkbox"/>
D	BROGI, NEDO	200 S. HARBOR CITY, #403	MELBOURNE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		404 S. Babcock St.		<input checked="" type="checkbox"/>
		404 S. Babcock St.		<input checked="" type="checkbox"/>
		404 S. Babcock St.		<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E JOHNSON  
PRESIDENT

Date

2-05-01 321-984-0505

Daytime Phone #

CR2E034 (10/00)