

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91880 043 \*\*\*150.00

**DOCUMENT # P93000041407**



1. Entity Name  
**ITALIAN TILE CENTER, INC.**

Principal Place of Business  
**3939 FORSYTH RD  
WINTER PARK FL 32792  
US**

Mailing Address  
**6966 ALOMA AVE.  
WINTER PARK FL 32792**



2. Principal Place of Business  
**3939 FORSYTH RD**

3. Mailing Address  
**3939 FORSYTH RD**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**WINTER PARK, FL**

City & State  
**WINTER PARK, FL**

Zip  
**32792**

Country  
**ORANGE**

Zip  
**32792**

Country  
**ORANGE**

4. FEI Number **59-3185310**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**AVALLONE, FRANK P  
6966 ALOMA AVE.  
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name ~~XXXXXXXXXXXXXXXXXXXX~~

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 3, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P AVALLONE, FRANK P 1588 S LYONS CT OVIEDO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T AVALLONE, TINA 1588 S LYONS CT WINTER PARK FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V AVALLONE, JOSEPH 4575 HIGUA ISLAND CT WINTER PARK FL 32792</b> <input checked="" type="checkbox"/> Delete <b>Delete</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AVALLONE, JILL 4575 HIGUA ISLAND CT WINTER PARK FL 32792</b> <input checked="" type="checkbox"/> Delete <b>Delete</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: *Frank P. Avallone*** **4-30-03 - 407-679-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)