2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

SIGNATURE:

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P94000075124 FATHER & SONS TILE & MARBLE, INC. 01-29-2001 90104 047 ***150.00 Principal Place of Business Mailing Address 4969 GOLDEN GATE PKWY 4969 GOLDEN GATE PKWY NAPLES FL 34116 PUGGUR US NAPLES FL 34116 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0542799 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLET, MARLENE Street Address (P.O. Box Number is Not Acceptable) 4969 GOLDEN GATE PKWY NAPLES FL 34116 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** TITLE Delete TITI F ☐ Addition MILLET, MARLENE NAME NAME STREET ADDRESS 5555 14TH AVE. S.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 VTD Change Addition TITLE ☐ Delete TITLE NAME Millet, Elio NAME STREET ADDRESS STREET ADDRESS 5555 14TH AVE. S.W. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 TITLE Delete TITLE Change ☐ Addition NAME MILLET, LUIS J NAME STREET ADDRESS STREET ADDRESS 5555 14TH AVE. S.W. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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