

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90114 027 ***150.00

DOCUMENT # P94000075124

1. Entity Name
FATHER & SONS TILE & MARBLE, INC.



Principal Place of Business
4969 GOLDEN GATE PKWY
NAPLES FL 34116
US

Mailing Address
4969 GOLDEN GATE PKWY
N/A
NAPLES FL 34116
US

11010924



2. Principal Place of Business

4969 Golden Gate Pkwy
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Naples, FL

City & State

Same

4. FEI Number **65-0542799**

Applied For

Not Applicable

Zip

34116

Country

Collier

Zip

34116

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLET, MARLENE

~~**4060 GOLDEN GATE PKWY**~~

NAPLES FL 34116

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4969 Golden Gate Pkwy

Naples

FL

Zip Code

34116

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 **Marlene Millet**

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

After May 1, 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 **PSD** ☐ Delete
NAME **MILLET, MARLENE**
STREET ADDRESS **5555 14TH AVE. S.W.**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **VTD** ☐ Delete
NAME **MILLET, ELIO**
STREET ADDRESS **5555 14TH AVE. S.W.**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **V** ☐ Delete
NAME **MILLET, LUIS J**
STREET ADDRESS **5555 14TH AVE. S.W.**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **S** ☐ Delete
NAME **MILLET, ROBERTO J**
STREET ADDRESS **5555 14TH AVE SW**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **3679 Recreation Lane**
STREET ADDRESS **Naples FL 34116**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **2811 50 Terr SW**
STREET ADDRESS **Naples FL 34116**
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 239-455-4876

Date

Daytime Phone #

CR2E034 (10/02)