

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90014 004 ***150.00

DOCUMENT # **P95000046931**

1. Entity Name

WEST COAST TILING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4593 DOVER ST. CIR. EAST

3. Mailing Address

P O BOX 1177

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

HOLMES BEACH, FL

Zip

34203

Country

USA

Zip

34218

Country

USA

4. FEI Number

65-0588445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

SANARO CAPALDI

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

4593 DOVER ST. CIR. EAST

City

BRADENTON

FL

Zip Code

34203

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

X 02-12-02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**P
SANARO CAPALDI
4593 DOVER ST. CIRCLE EAST
BRADENTON, FL 34203**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 02-12-02

CR2E034B (12/01)