

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT# P96000015898

1. Entity Name
UNITED TILE & STONE, INC.



Principal Place of Business
5502 ANDERSON RD
TAMPA, FL 33634

Mailing Address
5502 ANDERSON RD
TAMPA, FL 33634 US



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3362354 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TILE WORLD OF ITALY
5502 ANDERSON ROAD
TAMPA, FL 33634

**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. 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 1, 2007 Fee will be \$550.00**

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 | P PLAZZA, MARIO 5502 ANDERSON RD TAMPA, FL 33614 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP PLAZZA, STEFANO 5502 ANDERSON RD TAMPA, FL 33614 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | SEC PLAZZA, BENEDETTO 5502 ANDERSON RD TAMPA, FL 33614 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | TRES PLAZZA, PAOLO G 5502 ANDERSON RD TAMPA, FL 33614 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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05/22/07-80076-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 119, 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: Mario Plaza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 813-884-2382
Date Telephone #