

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90012 031 ***150.00

DOCUMENT # P96000042201

1. Entity Name
BONITA CUSTOM TILE, INC.

Principal Place of Business

**14848 OLD 41
#20
NAPLES FL 34110
US**

Mailing Address

**27911 HACIENDA BLVD
217 B
BONITA SPRINGS FL 34135
US**

2. Principal Place of Business

28220 OLD 41 Rd.

3. Mailing Address

28220 OLD 41 Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

401

401

City & State

City & State

Bonita Springs, FL

Bonita Springs, FL

Zip

Country

Zip

Country

34135

U.S.A.

34135

U.S.A.

6. Name and Address of Current Registered Agent

**LAGRASTA, SERGIO
27911 HACIENDA BLVD
UNIT 217 B
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	LAGRASTA, SERGIO	
STREET ADDRESS	27911 HACIENDA BLVD #217B	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	LAGRASTA, ALICIA	
STREET ADDRESS	27911 HACIENDA BLVD #219B	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAGRASTA, SERGIO J	
STREET ADDRESS	27911 HACIENDA BLVD #217B	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAGRASTA, ALICIA	
STREET ADDRESS	27911 HACIENDA BLVD #217B	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	28220 OLD 41 Rd # 401	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	28220 OLD 41 Rd # 401	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	28220 OLD 41 Rd # 401	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

1-16-02

941-947-4399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)