

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90076 003 ***158.75

DOCUMENT # P96000042201

1. Entity Name
BONITA CUSTOM TILE, INC.



Principal Place of Business
**28220 OLD 41 RD
#401
BONITA SPRINGS FL 34135
US**

Mailing Address
**28220 OLD 41 RD
#401
BONITA SPRINGS FL 34135
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0682696**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

ADDRESS CHANGE →

Name

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

27810 Village Dr. #16

City

Bonita Springs

FL

Zip Code

34135

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LAGRASTA, SERGIO	
STREET ADDRESS	28220 OLD 41 RD #401	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	LAGRASTA, ALICIA	
STREET ADDRESS	28220 OLD 41 RD #401	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LAGRASTA, SERGIO J	
STREET ADDRESS	28220 OLD 41 RD #401	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAGRASTA, ALICIA	
STREET ADDRESS	28220 OLD 41 RD #401	
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		

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		
TITLE	LAGRASTA ALICIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28220 OLD 41 Rd #401	
STREET ADDRESS	BONITA SPRINGS, FL 34135	
CITY-ST-ZIP		
TITLE	LA G RASTA, Sergio	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28220 OLD 41 Rd. # 401	
STREET ADDRESS	Bonita Springs, FL 34135	
CITY-ST-ZIP		
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		

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: **V. Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-03

Date

239-947-4399

Daytime Phone #

CR2E034 (10/02)