

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065821

1. Entity Name

TRINITY TILE GROUP, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90078 035 \*\*\*158.75

Principal Place of Business

3028 MERCY DRIVE  
ORLANDO FL 32808

Mailing Address

3028 MERCY DRIVE  
ORLANDO FL 32808-3827

2. Principal Place of Business

4337 Dardanelle DR.

Suite, Apt. #, etc.

3. Mailing Address

4337 Dardanelle DR

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number 59-3396927

Applied For

Not Applicable

Zip  
32808

Country  
Orange

Zip  
32808

Country  
Orange

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELUZIO, DONALD  
3028 MERCY DRIVE  
ORLANDO FL 32808

Name  
Donald Deluzio

Street Address (P.O. Box Number is Not Acceptable)  
4337 Dardanelle DR

City  
Orlando

FL

Zip Code  
32808

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DELUZIO, DONALD  
3028 MERCY DRIVE  
ORLANDO FL 32808 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
4337 Dardanelle DR.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T/S  
VAN DYKE, DAVID  
3028 MERCY DRIVE  
ORLANDO FL 32808 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
4337 Dardanelle DR

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WILLIAMS, DALE  
3028 MERCY DRIVE  
ORLANDO FL 32808 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
4337 Dardanelle DR.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00 407-521-6655  
Date Daytime Phone #

CR2E034 (9/99)