

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009473

1. Entity Name

TILES ETCETERA, INC.

FILED  
Aug 22, 2000 8:00 am  
Secretary of State

08-22-2000 90234 043 \*\*\*550.00

Principal Place of Business

1200 WHITE STREET  
KEY WEST FL 33040

Mailing Address

1200 WHITE STREET  
KEY WEST FL 33040

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 - 65-0728496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VELIZ, GREG  
1200 WHITE STREET  
KEY WEST FL 33040

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	D VELIZ, GREG 1200 WHITE STREET KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/00

293-9601  
Daytime Phone #

CR2E034 (5/00)

Attachment  
DOC # D9700009473  
A0073986



DiTocco Kollaborative Group, Inc.

August 16, 2000

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500


To whom it may concern,

This letter is in regards to your "Corporate Online Public Inquiry Site". Upon review of our site, "DiTocco Kollaborative Group, Inc", we have noticed a few discrepancies under our "NAME & ADDRESS" and "TITLE" registrations. Please be so kind as to review and correct the following:

	<u>NAME &amp; ADDRESS</u>	<u>TITLE</u>
1.	Anthony DiTocco III	CEO, President
2.	Thomas DiGiorgio Jr.	COO, Vice-President
3.	William O. Charland	Vice President
4.	Adam Benjamin	Chief Financial Officer
5.	Anthony DiTocco III	Treasurer
6.	Robyn DiTocco	Secretary

Thank you for your attention in this matter,

Cordially,

  
Adam Benjamin, CFO