

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90034 020 ***150.00

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DOCUMENT # P98000003015

1. Entity Name

S & J TILE & MARBLE, INC.



Principal Place of Business

344 N.E. 11TH STREET
CAPE CORAL FL 33909

Mailing Address

344 N.E. 11TH STREET
CAPE CORAL FL 33909

2. Principal Place of Business

344 NE 11th St.

3. Mailing Address

344 NE 11th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33909

Country

Lee

Zip

33909

Country

Lee

4. FEI Number

65-0797648

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRADA, JOSEPH J
344 N.E. 11TH STREET
CAPE CORAL FL 33909

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. 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	D	<input type="checkbox"/> Delete
NAME	STRADA, JOSEPH J	
STREET ADDRESS	344 N.E. 11TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GENTILE, FRANK A JR	
STREET ADDRESS	2219 SE 15TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STRADA, SHARON	
STREET ADDRESS	344 N.E. 11TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

FRANK GENTILE vp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

239-910-4975

Date

Daytime Phone #

CR2E034 (10/02)