

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90006 006 ***150.00

DOCUMENT # P99000000803

1. Entity Name
GALLO TILE, INC.

Principal Place of Business

2463 ARBORFIELD SQUARE
SARASOTA FL 34235

Mailing Address.

2463 ARBORFIELD SQUARE
SARASOTA FL 34235

2. Principal Place of Business

2704 GOLF COURSE DR

3. Mailing Address

2704 GOLF COURSE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0876794

Applied For

Not Applicable

Zip

Country

34234

USA

Zip

Country

34234

USA

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

GALLO, ROSALANA B

2463 ARBORFIELD SQUARE
SARASOTA FL 34235

Name

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

2704 GOLF COURSE DR

City

SARASOTA

FL

Zip Code

34234

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

Rosalana B. Gallo

ROSALANA B. GALLO

1/19/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	GALLO, RALP E	
STREET ADDRESS	2463 ARBORFIELD SQ 2704 GOLF COURSE DR	
CITY-ST-ZIP	SARASOTA FL 34235 34234	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	GALLO, ROSALANA B	
STREET ADDRESS	2463 ARBORFIELD SQ 2704 GOLF COURSE DR	
CITY-ST-ZIP	SARASOTA FL 34235 34234	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Rosalana B. Gallo

1/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)