

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078262

1. Entity Name

NAPLES TILE & MARBLE, INC.

Principal Place of Business

5650-5 YAHL STREET
NAPLES FL 34109

Mailing Address

5650-5 YAHL STREET
NAPLES FL 34109

2. Principal Place of Business

1895 SEWARD AVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 4

Suite, Apt. #, etc.
SAME

City & State

NAPLES FL

Zip

34109

Country

USA

Country

6. Name and Address of Current Registered Agent

TROTTA, RAYMOND V
5650-5 YAHL STREET
NAPLES FL 34109

Name

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

1895 SEWARD AVE
SUITE 4

City

Naples

FL

Zip Code
34109

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

1/18/02

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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTTA, RAYMOND V		NAME	
STREET ADDRESS	5135 ALPHA CT.		STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 employees.

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02 941-572-4050

Date

Daytime Phone #

CR2E034 (9/01)

2002
2002
2002
2002