

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90150 018 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000048960
1. Entity Name
 H G D MARBLE & TILES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5395 ANDOVER DRIVE Suite, Apt. #, etc. 202 City & State NAPLES, FL.		3. Mailing Address 1624 N. FOUNTAINHEAD ROAD Suite, Apt. #, etc. City & State FORT MYERS	
Zip 34110	Country USA	Zip 33919	Country FL

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1011722
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DESROCHERS GUY

Street Address (P.O. Box Number is Not Acceptable)
5395 ANDOVER DRIVE SUITE 202

City
NAPLES FL Zip Code
34110

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 fee, if applicable. (The registered agent signature required when remaining.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P DESROCHERS GUY 5395 ANDOVER DRIVE STE 202 NAPLES, FL. 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILBERT HELENE 5395ANDOVER DRIVE SUITE 202 NAPLES, FL. 34110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Guy Desrochers*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Resident
 03-15-02 941-825-0959

CR2E034B (12/01)