

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0622818 AV

05-01-2003 90976 029 \*\*\*150.00

DOCUMENT # P00000048960

1. Entity Name  
HGD MARBLE & TILES INC.



Principal Place of Business  
5395 ANDOVER DR 202  
NAPLES FL 34110

Mailing Address  
1624 N FOUNTAINHEAD ROAD  
FORT MYERS FL 33919

2. Principal Place of Business  
3730 BALI LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ESTERO FL

City & State

4. FEI Number 65-1011722

Applied For  
 Not Applicable

Zip  
33928

Country  
US

Zip

Country

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

DESROCHERS, GUY  
5395 ANDOVER DR 202  
NAPLES FL 34110

Name  
~~DESROCHERS, GUY~~  
Street Address (P.O. Box Number is Not Acceptable)  
3730 BALI LANE

City ESTERO FL Zip Code 33928

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 GUY DESROCHERS PRESIDENT

03-31-03

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	P	<input type="checkbox"/> Delete
NAME	DESROCHERS, GUY	
STREET ADDRESS	5395 ANDOVER DR 202	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	S	<input type="checkbox"/> Delete
NAME	GILBERT, HELEN	
STREET ADDRESS	5395 ANDOVER DR 202	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESROCHERS, GUY	
STREET ADDRESS	3730 BALI LN	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, HELEN	
STREET ADDRESS	3730 BALI LN	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: GUY DESROCHERS PRESIDENT

03-31-03 239-825-0959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)