

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90085 041 ***158.75

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1. Entity Name
INTERIORS CULTURED MARBLE, INC.

Principal Place of Business
**1734 TRADE CENTER WAY
NAPLES FL 34109
US**

Mailing Address
**1734 TRADE CENTER WAY
NAPLES FL 34109
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3466011**

Applied For
Not Applicable

Zip Country

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

**AYOTTE, DAVID J
1734 TRADE CENTER WAY
NAPLES FL 34109**

Name **DAVID J Ayotte**
Street Address (P.O. Box Number is Not Acceptable)
**325 Dunes Blvd
#807**
City **NAPLES** FL Zip Code **34108**

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 *David Ayotte*
Signature, typed or printed name of registered agent and title if applicable.

DATE **1-6-03**
DATE

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PDVS	AYOTTE, DAVID J		
325 DUNES BLVD #807	NAPLES FL 34109		
T	SHOWENS, DONALD		
27731 HAROLO STREET	BONITA SPRINGS FL 34134		

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: *David Ayotte* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-6-03** DAYTIME PHONE # **(239) 598-3004**

CR2E034 (10/02)