

May 12, 2000 8:00  
Secretary of State

05-12-2000 90032 026 \*\*\*150.00

DOCUMENT # V39909

Name

G MARBLE INC.

Place of Business STREET NORTH FL 33470	Mailing Address 18604 49TH STREET NORTH LOXAHATCHEE FL 33470-2350 US
---	---

731604

Place of Business	3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Apt. #, etc.	Suite, Apt. #, etc.			
State	City & State			
Country	Zip	Country	4. FEI Number 65-0334424	Applied For Not Applicable
6. Name and Address of Current Registered Agent MCGEENEY, THOMAS JR. 18604 49TH STREET NORTH LOXAHATCHEE FL 33470			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				
Name				
Street Address (P.O. Box Number is Not Acceptable)				
City			FL Zip Code	

Some entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Information is eligible to satisfy its Intangible  
Tax requirements and elects to do so.  
(Article on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

## OFFICERS AND DIRECTORS

12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD MCGEENEY, THOMAS J JR. 18604 49TH STREET NORTH LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

I 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 for 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 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 or on an attachment with an address, with all other like empowered.

**SURE:** Thomas McGeeney Jr. Thomas McGeeney Jr 4/27/00 561-791-2591  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #