

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90080 022 ***150.00

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DOCUMENT # 543415

1. Entity Name

FLORIDA MARBLE OF CHARLOTTE COUNTY, INC.



Principal Place of Business

23370 JANICE AVE
CHARLOTTE HAR. FL 33980

Mailing Address

23370 JANICE AVE
CHARLOTTE HAR. FL 33980

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

Country

Zip

Country

4. FEI Number

59-1768098

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. JOHN, RANDALL ALLEN
250 TAIT TERRACE
CHARLOTTE HAR. FL 33952

Name

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

City

FL

Zip Code

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

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 ☐ Delete
NAME ST. JOHN, RANDALL A.
STREET ADDRESS 250 TAIT TERRACE
CITY-ST-ZIP PT. CHARLOTTE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☒ Delete
NAME ANISKEWCZ, MELODY
STREET ADDRESS 18451 INWOOD AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☒ Change ☐ Addition
NAME ST. John, Canole J
STREET ADDRESS 18399 Abhenry Circle
CITY-ST-ZIP Port Charlotte, FL 33948

TITLE V ☐ Delete
NAME ST. JOHN, DONALD E.
STREET ADDRESS 19374 ABHENRY CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature of Randall A. St. John
ST. JOHN 4-09-03 941-629-4111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)