2001 Uniform Business Report (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # 637466 1. Entity Name MAXRODON MARBLE, INC. 04-27-2001 90407 035 ***150.00 Principal Place of Business Mailing Address 1020 11TH PLACE 1020 11TH PLACE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Ma ling Address 934 11th Place 934 11th Place Suite, Apt. #, etc Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE N/AN/A City & State City & State Applied For 4. FEI Number 59-1943655 <u>Vero Beach</u>, Fl. 32960 Not Applicable Vero Beach, Fl. Zip Country \$8.75 Additional 5. Certificate of Status Desired 32960 U.S.A. 32960 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMILTON, RALPH P Street Address (P.O. Box Number is Not Acceptable) 8740 SHORE LANE VERO BEACH FL 32967 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 Fiorida. (NOTE: Registered Agent signalure requirer) when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payabla to Department of State OFFICERS AND DIRECTORS 11. 12. ADD:TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1.TLE **PST** X Delete TITLE 🔲 Addit on NAME HAMILTON, RALPH H NAME STREET ADDRESS 1780 HIGHLAND AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL 32960 PST ☐ Delete TITLE X Change 🔲 Addit on HAMILTON, RALPH P RALPH P. HAMILTON NAME. STREET ADDRESS 8740 Shore Lane 8740 SHORE LANE SIREET ACCRESS Ciffy-Sf-ZIP CIY ST ZIP Vero Beach, Fl. 32967 VERO BEACH FL 32967 ۷.P. TITLE Delete TITLE **□X**Ada tion f T: Change Katherine S. Hamilton KATHERINE S. HAMILTON NAME NAME STREET ADDRESS STREET ADDRESS 8740 Shore Lane CITY-ST-ZIP CIY-ST-7P Vero Beach, Fl. 32967 Addition TIME ☐ Delete PILE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z.P TITLE ☐ Delete 7011.5 ☐ Change [] Additio: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-Z.P T:T: F ☐ Delete TITLE Change []] Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CHY-SI-ZIP OFY-ST-ZIP

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3), Florida Statutes, L'urther 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 eath; that I am an officer or d'rector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697. Forida Statutes; and that my name access in Block 11 or Block 12 (controlled to the corporation or the receiver of trustee empowered to execute this report as required by Chapter 697. Forida Statutes; and that my name access in Block 11 or Block 12 (controlled to the corporation or the receiver of trustee empowered to execute this report as required by Chapter 697. Forida Statutes; and that my name access in Block 11 or Block 12 (controlled to the corporation or the receiver of trustee empowered to execute this report as required by Chapter 697. Forida Statutes; and that my name access in Block 11 or Block 12 (controlled to the corporation or the receiver of trustee empowered to execute this report as required by Chapter 697. Forida Statutes; and that my name access in Block 11 or Block 12 (controlled to the corporation or the receiver of trustee empowered to execute this report as required by Chapter 697. Forida Statutes; and that my name access in Block 11 or Block 12 (controlled to the corporation or the receiver of trustee empowered to execute this report as required by Chapter 697. changed, or on an attachment with an address, with all other like empowered.

Ralph P. Hamilton

(561) 562-7543

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