2001 UNIFORM BUSINESS REPORT (UBR)

Jun 14, 2001 8:00 am **DOCUMENT # 751905 Secretary of State** 1. Entity Name 06-14-2001 90007 042 ****61.25 SOUTHEASTERN CULTURED MARBLE ASSOCIATION. INC. Mailing Address Principal Place of Business 202 SW OAKRIDGE DR. A0072909 202 SW OAKRIDGE DR. PORT ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHITE, JAMES 2205 FORSVTH ROAD ORLANDO FL 32807 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. **SIGNATURE** NOTE: Registered Agent signature required when reinstating) Make Check Pavable to **FILE NOW:** 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. TITLE Change Addition TITLE □ Delete Destetano, Irene T 202 sw Oakridge Drive DESTEFANO, IRENE J NAME NAME 202 SW OAKRIDGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL 34984 CITY-ST-ZIP Port St. Lucie PD Change Change TITLE □ Delete TITLE Addition Zeigler Joe 10990 49 th street North ZEIGLER, JOE NAME NAME 6414 126TH AVENUE, NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 clearwater FL 33762 Change ☐ Addition □ Defete 11TLE TITLE PASALODOS, TOBY Bost, Harlan 4566 St. Augustine Rd. NAME NAME STREET ADDRESS STREET ADDRESS 1466 RAILROAD BLVD. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Jacksonville FL 32207 TD Change TITLE [] Delete TITLE ☐ Addition WHITE, JAMES Malley, Mil NAME NAME STREET ADDRESS STREET ADDRESS 2205 FORSYTH ROAD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 ☐ Addition TITLE □ Delete TITLE. ☐ Change DORSEY, DAVID NAME NAME STREET ADDRESS 5010 N COOLIDGE AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33614 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 617, 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:

6/7/2001

(813)877-2591