2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

6750 N.W. 63 WAY

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

PARKLAND FL 33067

DOCUMENT # G61130

1. Entity Name

1801 N.W. 18ST

Principal Place of Business

POMPANO BEACH FL 33069

2. Principal Place of Business

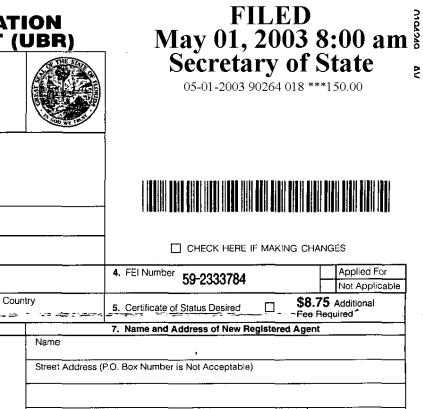
Suite, Apt. #, etc.

City & State

Zip

TRI-WAY MARBLE & GRANITE CORP.

Country



				<u> </u>			- 110qa		
	6. Name and Address of Current Registered	1 Agent		7. N	ame and Address of New Regist	ered Ag	ent		
			Name						
ROGERS, JOHN B.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
1881 UNIVERSITY DRIVE			Street Addres	Siteet Address (F.O. Box Number Is Not Acceptable)					
SUITE 206	3								
CORAL SPRINGS FL 33065							·	-·	
COINE OF	1011GO 1 E 33003		City			FL	Zip Code	9 '	
the obligat	named entity submits this statement for the purpo- tions of registered agent.	se of changing its re	gistered office or regis	stered age	ent, or both, in the State of Florida.	l am far	niliar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and title if appli-	cable. (NOTE: F	Registered Agent signature req	uired when rei	instating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State				Election Campaign Financin Trust Fund Contribution.	9 🗆		O May Be to Fees	
10.	OFFICERS AND DIRECTOR	RS	11.	ADI	DITIONS/CHANGES TO OFFICERS	S AND D	IRECTORS	3 IN 11	
TITLE	PD	☐ Delete	TITLE				Change	Addition	
NAME	KOZLIK, WILLIAM		NAME						
STREET ADDRESS	6750 NW 63RD WAY		STREET ADDRESS						
CITY-ST-ZIP	PARKLAND FL		CITY-ST-ZIP						
TITLE	VP	☐ Delete	TITLE			Ε	☐ Change	Addition	
	KOZLIK, WILLIAM JR		NAME						
STREET ADDRESS	6750 N.W. 63 WAY		STREET ADDRESS						
CITY-ST-ZIP	PARKLAND FL 33067		CITY-ST-ZIP						
TITLE		Delete	TITLE	~ 2.			🗍 Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	,	☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		\(\tau \cdot] Change	Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
	certify that the information supplied with this filing of this report or supplemental report is true and a								

12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.0/(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 AND TYPED ON PRINTED NAME OF GINING OFFICER OR DIRECTOR

Date

Daytime Phone #