## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

## DOCUMENT # H81990 1. Entity Name

DISANTO MARBLE AND MASONRY, INC.

Principal Place of Business

% NICK DISANTO



**FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90297 039 \*\*\*150.00

% NICK DISANTO 4331 DALE RD WEST PALM BEACH FL 33406		% NICK DISANTO 4331 DALE RD WEST PALM BEACH FL	<b>I</b>			)6910 	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		U CHECK HEDE	CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4 FFi Number		
Zip	Country	Zip	Country	59-2591/31	- \$9.71	Not Applicable  Additional	
	6. Name and Address of Cur	rent Registered Agent		5. Certificate of Status Desired	Fee Re	quired	
DE0.44		g	Name	7. Name and Address of New R	egistered Agent		
DESANT 4331 OG			Street Ad	dress (P.O. Box Number is Not Acceptable	1		
	ALM BEACH FL 33406				, 		
			City		FL Zip	Code	
8. The above the obligation	e named entity submits this stateme ations of registered agent.	nt for the purpose of changing its	s registered office or r	egistered agent, or both, in the State of Flor	rida. Lam familiar v	vith, and accept	
SIGNATURE						my and accept	
		gent and title if applicable. (NOT	E: Registered Agent signature	required when reinstating)	DATE		
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550. k Payable to Florida Departmen	t of State		9. Election Campaign Fina Trust Fund Contribution	· — — •	5.00 May Be	
10.	PSD OFFICERS A	ND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	ORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	DISANTO, NICK 4331 DALE RD WEST PALM BEACH FL	Delete	TITLE NAME STREET ADDRESS		☐ Chan		
TITLE	WEOT FALM DEACH FL		CITY-ST-ZIP				
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CITY-ST-ZIP	artify that the information		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 changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE: //

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR