

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J17736

1. Entity Name

FLORENCE MARBLE AND GRANITE, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90095 023 \*\*\*158.75

Principal Place of Business

Mailing Address

6315 N. ANDERSON ROAD  
TAMPA FL 33634  
US

6315 N ANDERSON ROAD  
TAMPA FL 33634-8009  
US

00000000

2. Principal Place of Business

3. Mailing Address

6109 Anderson Road 6109 Anderson Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa Florida

Tampa Florida

Zip

Country

Zip

Country

33634

US

33634

US

4. FEI Number

59-2672514

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIUSEPPE, FERRARO  
8213 WESTRIDGE  
TAMPA FL 33615

Name

Giuseppe Ferraro

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

4343 Honey Vista

City

Tampa

FL

Zip Code

33624

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FERRARO, GIUSEPPE	
STREET ADDRESS	6315 N ANDERSON RD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	C	<input type="checkbox"/> Delete
NAME	FERRARO, DAMIANO	
STREET ADDRESS	2529 SHOREWOOD LANE	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PIRRONE, SALVATORE	
STREET ADDRESS	2521 SHOREWOOD LANE	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PIRRONE, ANTONELLA	
STREET ADDRESS	2521 SHOREWOOD LANE	
CITY-ST-ZIP	LAND O'LAKES FL 34539	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 11 or Block 12 if 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

Date

Daytime Phone #

6/24/00

CR2E034 (9/99)