2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) K57143

DOCLIMENT #

1. Entity Name AL'S MARBLE SILLS, INC.		A DRIO
Principal Place of Business 1602 A MARKET CIRCLE UNIT 9 MURDOCK FL 33953	Mailing Address P.O. BOX 380694 MURDOCK FL 33938-0694	
2. Principal Place of Business	3. Mailing Address	_
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_

FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90159 037 ***150.00

Principal Plac	e of Busines		Mailir	na Address			\dashv						
1602 A MARKET CIRCLE			P.O.	P.O. BOX 380694									
_	33953		MUR	DOCK FL 33938-0694	·								
UNIT 9 MURDOCK FL 33953 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country Zip Country Zip Country WEINFLASH, AL 15066 GULISTAN AVE PORT CHARLOTTE FL 33953 8. The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent.									.	i dibil dibil b			
Suite, Apt.	MARKET CIRCLE MURDOCK FL 33938-0694 MURDOCK FL 33938-0694 MURDOCK FL 33938-0694 Cipal Place of Business a, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent NFLASH, AL 36 GULISTAN AVE IT CHARLOTTE FL 33953 above named entity submits this statement for the purpose of changing its obligations of registered agent. FURE Signature, typed or printed name of registered agent and title if applicable. (NOTE) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Check Payable to Florida Department of State OFFICERS AND DIRECTORS PVD WEINFLASH, AL 15066 GULISTAN AVE PORT CHARLOTTE FL 33953 Delete Delete Delete							☐ CHECK HERE IF MAKING CHANGES					
City & Stat	е		City	City & State				FEI Number 65-0093000			oplied For ot Applicable		
Zip	Country Zip Country					itry	5.	5. Certificate of Status Desired S8.75 Additional Fee Required					
WEINFLASH, AL 15066 GULISTAN AVE PORT CHARLOTTE FL 33953 8. The above named entity submits this statement for the purpose of changing its reg								Name and Address of New Re	gistered Ag	ent	···		
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·				Street Address				s (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Cod	<u> </u>		
8. The above the obligat	named entititions of regist	y submits this statement f tered agent.	or the purp	oose of changing its	register	ed office or regi	stered ag	ent, or both, in the State of Flori	da. I am far	niliar with,	and accept		
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if app	plicable. (NOT	E: Registere	d Agent signature req	uired when re	einstating)	DATE				
After	May 1, 200	3 Fee will be \$550.00	of State					9. Election Campaign Fina Trust Fund Contribution.	· -		0 May Be I to Fees		
10.				IRS	11.		ΔΓ	L DDITIONS/CHANGES TO OFFIC	SERS AND C	IRECTOR:	S IN 11		
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12. Thereby o	certify that the	e information supplied wit	h this filina	does for qualify for	the exe	motion stated in	Section	119.07(3)(i), Florida Statutes, I f	urther certify	that the in	oformation		

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 a other like empowered.

SIGNATURE: