## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 05, 2000 8:00 am Secretary of State DOCUMENT # **K66668** R & S MARBLE DESIGNS, INC. 04-05-2000 90106 037 \*\*\*150.00 Principal Place of Business Mailing Address 505 PAUL MORRIS DRIVE 505 PAUL MORRIS DRIVE ENGLEWOOD FL 34223-3961 ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0101505 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>STEVE A. HUTCHINS</u> HUTCHINS, STEVE A Street Address (P.O. Box Number is Not Acceptable) 2983 CERULLO STREET NORTH PORT FL 34287 9309 Gulfstream\_Blvd.. Zip Code 34224 City Englewood. 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 No signature required. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD X Change ☐ Addition TITLE TITLE ☐ Defete HUTCHINS, STEVE A NAME STEVE A. HUTCHINS NAME 2983 CERULLO STREET STREET ADDRESS STREET ADDRESS 9309 Gulfstream Blvd., CITY-ST-ZIP CITY-ST-7IP NORTH PORT FL 34287 Englewood, FL. 34224 ☐ Addition X Change TITLE TITLE Delete HUTCHINS, REBECCA E NAME NAME REBECCA A. HUTCHINS STREET ADDRESS 2983 CERULLO STREET STREET ADDRESS 9309 Gulfstream Blvd., CITY-ST-ZIP NORTH PORT FL 34287 CITY-ST-ZIP Englewood, FL. 34224 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

STEV

STEVE A. HUTCHINS, President

ate

Daytime Phone #

CH2E034 (9/9)