L01000017398

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR 14 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
55022674

DOCUMENT # L01000017398

1. Entity Name
MAR&STONE, LLC

Principal Place of Business	Mailing Address
2000 SAGINAW CT OLDSMAR FL 34677	2000 SAGINAW CT OLDSMAR FL 34677

3/11 ☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2000 SAGINAW CT.	2000 SAGINAW CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State OLDSMAR	City & State OLDSMAR
Zip 34677 Country Pinellas	Zip 34677 Country Pinellas

4. FEI Number 59-3757258 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FUZVOLGYI, LAJOS
2000 SAGINAW CT
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name ~~MAR & STONE, LLC~~ FUZVOLGYI LAJOS
Street Address (P.O. Box Number is Not Acceptable) 2000 SAGINAW CT.
City OLDSMAR FL Zip Code 34677

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 01/05/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	FUZVOLGYI, LAJOS	
STREET ADDRESS	2000 SAGINAW CT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	MGRM	☐ Delete
NAME	KOZMA, ERZSEBET F	
STREET ADDRESS	2000 SAGINAW CT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E063 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED [signature] 01/05/2003 813-925-3790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #