

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90023 041 \*\*\*150.00

**DOCUMENT # P00000015319**

1. Entity Name

**IMPERIAL CUSTOM MARBLE & GRANITE, INC.**

Principal Place of Business

**1202 TECH BLVD., SUITE 105  
TAMPA FL 33619**

Mailing Address

**1202 TECH BLVD., SUITE 105  
TAMPA FL 33619**

2. Principal Place of Business

**1901 Industrial Park Dr.**

3. Mailing Address

**1901 Industrial Park Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Bldg. A**

**Bldg A**

City & State

City & State

**Plant City, FL**

**Plant City, FL**

Zip

Country

Zip

Country

**33567**

**Hillsborough**

**33567**

**Hillsborough**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3626329**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, MICHAEL**

**1202 TECH BLVD., SUITE 105  
TAMPA FL 33619**

Name

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

**1901 Industrial Park Dr.**

**Bldg A**

City

**Plant City**

FL

Zip Code

**33567**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD GOMEZ, MICHAEL 1202 TECH BLVD., SUITE 105 TAMPA FL 33619</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1901 Industrial Park Dr. Bldg A Plant City, FL 33567</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 appointed 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 change all of which are required.

SIGNATURE:

**SIGNATURE: MICHAEL GOMEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/02**

**813-764-8800**

Date

Daytime Phone #

CR2E034 (9/01)