

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90159 031 ***150.00

DOCUMENT # P00000081925

1. Entity Name

SIMPLY GRANITE, INC.

Principal Place of Business

**7355 SW 38TH ST
 SUITE 101
 OCALA FL 34474**

Mailing Address

**7355 SW 38TH ST
 SUITE 101
 OCALA FL 34474**

2. Principal Place of Business

3. Mailing Address

P.O. Box 772166

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala

4. FEI Number

59-3667132

Applied For

Not Applicable

Zip

Country

Zip

34477-2166

Country

USA

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

**HAMMONK, PAM
 5551 SW 18 TERRACE
 BUSHNELL FL 33513**

Name

Pam Hammons

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

4039 NW Blitchten Road

City

Ocala

FL

Zip Code

34482

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

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

Treasurer Pam Hammons

2-1-02

(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 **D** ☐ Delete
 NAME **HERLIHY, CASEY**
 STREET ADDRESS **7912 MACBELLA CT**
 CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE **P** ☐ Delete
 NAME **RUNKLES, MARSHALL**
 STREET ADDRESS **16270 SE 92 AVENUE**
 CITY-ST-ZIP **SUMMERFIELD FL**

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

TITLE **VP** ☐ Delete
 NAME **HAMMONS, DAVID**
 STREET ADDRESS **84 MOORE ROAD**
 CITY-ST-ZIP **KINGSTON GA 30145**

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

TITLE **S** ☐ Delete
 NAME **RUNKLES, CHRISTINA**
 STREET ADDRESS **16270 SE 92 AVENUE**
 CITY-ST-ZIP **SUMMERFIELD FL**

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

TITLE **T** ☐ Delete
 NAME **HAMMONS, PAMELA**
 STREET ADDRESS **84 MOORE ROAD**
 CITY-ST-ZIP **KINGSTON GA 30145**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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.

SIGNATURE:

Pam Hammons **Treasurer Pam Hammons** **02-01-02** **352-264-3398**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)