

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90174 038 \*\*\*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  
**P.O. BOX 772166  
OCALA FL 34477-2166  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3667132**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMMONS, PAM  
4039 NW BLITCHEN ROAD  
OCALA FL 34482**

Name **Pam Hammons**

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

**4039 NW Blitchton 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Pam Hammons Pam Hammons**

**1-21-2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 **P** ☒ Change ☐ Addition  
NAME **DAVID HAMMONS**  
STREET ADDRESS **4039 NW Blitchton Road**  
CITY-ST-ZIP **OCALA, FL 34482**

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

TITLE **VISIT** ☒ Change ☐ Addition  
NAME **Pam Hammons**  
STREET ADDRESS **4039 NW Blitchton Road**  
CITY-ST-ZIP **Ocala, FL 34482**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Pam Hammons**

**1-21-2003 (352) 368-7972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)