

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90038 030 ***150.00

DOCUMENT # P00000097111

1. Entity Name
GRANITE WORKS, INC.

Principal Place of Business

3402-A NE 37TH PLACE
WILDWOOD FL 34785

Mailing Address

3402-A NE 37TH PLACE
WILDWOOD FL 34785

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 **59-3675917**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCHBANKS, LAWRENCE J
110 CLEVELAND AVE.
WILDWOOD FL 34785

Name

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

City

FL

Zip Code

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **DILLON, CAROL**
STREET ADDRESS **4880 SE 140TH ST.**
CITY-ST-ZIP **SUMMERFIELD FL 34491**
incomplete entry information

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **NO ADDITIONS/cgd**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **DILLON, ROBERT**
STREET ADDRESS **4880 SE 140TH ST.**
CITY-ST-ZIP **SUMMERFIELD FL 34491**
incomplete entry information

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

TITLE **PD** ☐ Delete
NAME **DILLON, CAROL G**
STREET ADDRESS **4880 SE 140TH ST**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

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

TITLE **SD** ☐ Delete
NAME **DILLON, ROBERT**
STREET ADDRESS **4880 SE 140TH STREET**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

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

TITLE **V** ☒ Delete
NAME **HATCH, JASON**
STREET ADDRESS **1622 PERCH DRIVE**
CITY-ST-ZIP **COLEMAN FL 33521**

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

TITLE **V** ☒ Delete
NAME **NEVILL, KEVIN**
STREET ADDRESS **1622 PERCH DRIVE**
CITY-ST-ZIP **COLEMAN FL 33521**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president/director

03/28/02 (352) 330.1828

Date

Daytime Phone #

CR2E034 (9/01)