

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90064 048 ***150.00

0395648

DOCUMENT # P00000106995

1. Entity Name

PLATINUM MARBLE & STONE, INC.

Principal Place of Business

**4392 CORPORATE SQUARE
NAPLES FL 34104**

Mailing Address

**4392 CORPORATE SQUARE
NAPLES FL 34104**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3681269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name **Vincent Scire**

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

4392 Corporate Square

City **Naples**

FL

Zip Code

34104

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

X Vincent Scire

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/3/01

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, 2001 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

TITLE ☐ Delete

NAME **P SCIRE, VINCENT**
STREET ADDRESS **4392 CORPORATE SQUARE**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete

NAME **VP SCIRE, STEPHEN**
STREET ADDRESS **4392 CORPORATE SQUARE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Delete

NAME **ST CUSTER, STEPHEN**
STREET ADDRESS **4392 CORPORATE SQUARE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
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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: **X Vincent Scire**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

941-643-3624

Daytime Phone #

CR2E034 (10/00)