FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020544

1. Entity Name

BAEUARD TITLE AND MARBLE INC

FILED
SEP 17 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4680 BYRON ST	4680 BYRON ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCOA	City & State: COCOA
Zip: FL / Country: 32927	Zip: FL / Country: 32927

4. FEI Number: 59-3700190 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JUAN C. BLANCO

Street Address (P.O. Box Number is Not Acceptable): 4680 BYRON ST

City: COCOA FL Zip Code: 32927

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: [signature] 4-30-03
Signature, type or printed name of registered agent and date as applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JUAN C. BLANCO 4680 BYRON ST COCOA FL 32927
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300023140343 09/17/03--01041--011 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	05/22/02-91745-013 *150.00 DO NOT WRITE IN THIS SPACE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JUAN C. BLANCO 4-30-03 (321) 636-7953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #