

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91140 018 \*\*\*150.00

**DOCUMENT # P01000023380**

1. Entity Name

D&G MARBLE RESTORATION, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11220 SUN VIEW WAY

Suite, Apt. #, etc.

3. Mailing Address

11220 SUN VIEW WAY

Suite, Apt. #, etc.

City & State

COOPER CITY, FL

Zip

33026

Country

City & State

COOPER CITY, FL

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1082384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

STEPHEN DONNELLY

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

11220 SUN VIEW WAY

City

COOPER CITY

FL

Zip Code

33026

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Amended UBR is \$50.00

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
STEPHEN DONNELLY  
11220 SUN VIEW WAY  
COOPER CITY, FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V.P.  
DONALD GATTO  
5340 SW 34TH STREET  
FT. LAUDERDALE, FL

TITLE  
NAME  
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CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Stephen V. Donnelly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Apr 2002

Date

Daytime Phone #

(954) 258-6076

TF FL32381F.1

APR 29 10:02 AM 2002

5547335618 LOUIS MARINO & COMPANY

CR2E034B (12/01)