

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90123 009 ***150.00

DOCUMENT # P01000033566

1. Entity Name
ANDERSON GRANITE & MARBLE, INC.



Principal Place of Business
**151 INDUSTRIAL PARK RD
DESTIN FL 32541**

Mailing Address
**8 COUNTRY CLUB DRIVE E
DESTIN FL 32550**



2. Principal Place of Business

**910 Airport Rd
Suite, Apt. #, etc.
Bld. I
Destin FL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3707434**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDERSON, BRIDGET
58 CHASE RUN
DESTIN FL 32550**

7. Name and Address of New Registered Agent

Name **Bridget Anderson**
Street Address (P.O. Box Number is Not Acceptable)
8 Country Club Dr. E
City **Destin** FL Zip Code **32541**

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 **Bridget Anderson**

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

TITLE **D** ☐ Delete
NAME **ANDERSON, DONALD J**
STREET ADDRESS **8 COUNTRY CLUB DR E**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D** ☐ Delete
NAME **ANDERSON, BRIDGET**
STREET ADDRESS **8 COUNTRY CLUB DR EAST**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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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:

Bridget Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)