

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90039 018 \*\*\*150.00

**DOCUMENT # P01000035015**

1. Entity Name

PLAN-IT GRANITE AND MARBLE, INC.

Principal Place of Business

Mailing Address

~~2171 N.E. 66TH ST. SUITE #802~~  
~~FT. LAUDERDALE FL 33308~~

~~2171 N.E. 66TH ST. SUITE #802~~  
~~FT. LAUDERDALE FL 33308~~

2. Principal Place of Business

1883 N.W. 25th Street

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakland Park, FL

City & State

Oakland Park, FL

Zip

33311

Country

USA

Zip

33311

Country

USA

4. FEI Number

02-0560776

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, CHARM

~~2171 N.E. 66TH ST. SUITE #802~~  
~~FT. LAUDERDALE FL 33308~~

7. Name and Address of New Registered Agent

Charm Hill

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

1883 N.W. 25th Street

City

Oakland Park

FL

Zip Code

33311

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 3/8/02

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HILL, CHARM	
STREET ADDRESS	2171 N.E. 66TH ST. SUITE #802	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HILL, CHARM	
STREET ADDRESS	1883 N.W. 25th Street	
CITY-ST-ZIP	Oakland Park, FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 (954) 714-6650  
 202-3477

CR2E034 (9/01)