

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90141 006 ***150.00

DOCUMENT # P01000035015

1. Entity Name

PLAN-IT GRANITE AND MARBLE, INC.



Principal Place of Business

**1883 NW 29 STREET
OAKLAND PARK FL 33311**

Mailing Address

**1883 NW 29 STREET
OAKLAND PARK FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**1883 NW 29 STREET
OAKLAND PARK FL 33311**

7. Name and Address of New Registered Agent

Name

Charm Skoularis

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

1883 N.W. 29th 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HILL, CHARM**
STREET ADDRESS **1883 NW 29 STREET**
CITY-ST-ZIP **OAKLAND PARK FL 33311**

TITLE **PD** ☒ Change ☐ Addition
NAME **Charm Skoularis**
STREET ADDRESS **1883 N.W. 29th Street**
CITY-ST-ZIP **Oakland Park, FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 954-714-6650
Date Daytime Phone #

CR2E034 (10/02)