

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

FILED
Jun 11, 2003 8:00 A.M
Secretary of State

DOCUMENT # P01000054617

1. Entity Name

STONEHENGE TILE & MARBLE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9985 BOCA CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

9985 BOCA CIRCLE

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES

Zip

34109

Country

USA

Zip

FL

Country

USA

2002-2003 UBR

4. FEI Number

59-3739800

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name SCOTT BILLINGS

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

9985 BOCA CIRCLE

City NAPLES

FL

Zip Code
34109

**DO NOT WRITE
IN THIS SPACE**

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

4/29/03

(NOTE: Registered Agent signature required when reinstating)

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
PRESIDENT
SCOTT BILLINGS
9985 BOCA CIRCLE
NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100021561631
07/15/03-01031-010 **158.75
100021561631
07/15/03-01031-010 **741.25

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

SIGNATURE:

SCOTT BILLINGS PRESIDENT

4/29/03

239-284-243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)