

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

DOCUMENT # **P01000068458**

1. Entity Name

SAMSON TILE & MARBLE INC



FILED

03 JUN 19 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

609 Broadway AV

3. Mailing Address

Suite, Apt. #, etc. **SAME**

DO NOT WRITE IN THIS SPACE

City & State
Lehigh Acres FL

City & State

4. FEI Number **65-1120776**

☒ Applied For
☐ Not Applicable

Zip **33971**

Country **LEE**

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Alexandru Samson**

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

609 Broadway AV.

City **Lehigh Acres**

FL

Zip Code **33971**

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 **Alexandru Samson**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **May 29 '03**

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 **Alexandru Samson - President**
STREET ADDRESS **609 Broadway AV**
CITY-ST-ZIP **Lehigh Acres FL 33971**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000021003940
06/19/03--01017--002 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **May 29 '03**

Date

Daytime Phone #

CR2E034B (12/02)