

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90012 019 ***150.00

0448126 AN

DOCUMENT # P01000069472

1. Entity Name
ATLANTIC MARBLE PRODUCTS OF TAMPA BAY, INC.

Principal Place of Business
4780 FREEMONT TERRACE S.
ST. PETE FL 33711-1840

Mailing Address
6817 STONETHROW CIR. N. 17102
ST. PETE FL 33710

2. Principal Place of Business

3. Mailing Address

4780 Freemont Terr S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St Petersburg FL

Zip

Country

Zip

Country

33711-1840

4. FEI Number

59-3730363

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, JOHN

FRIEDEMANN

6817 STONETHROW CIR. N. 17102

ST. PETERSBURG FL 33710

Name

JOHN FRIEDEMANN

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FRIEDMAN, JOHN**
STREET ADDRESS **6817 STONETHROW CIR. N. 17102**
CITY-ST-ZIP **ST. PETE 33 710**

TITLE **VP** ☒ Change ☐ Addition
NAME **FRIEDEMANN**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **LENNON, BETTY**
STREET ADDRESS **860 BAY VISTA BLVD. S.**
CITY-ST-ZIP **ST. PETE FL 33705**

TITLE ☐ Change ☐ Addition
NAME **2634 16 Ave NORTH**
STREET ADDRESS **St. Pete, FL 33713**
CITY-ST-ZIP

TITLE **PRO** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **PAUL FRIEDEMANN**
STREET ADDRESS **107 4th Ave N Apt D**
CITY-ST-ZIP **St Pete Beach, FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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:

John Friedemann
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-02 727-3770951

Date

Daytime Phone #

CR2E034 (9/01)