

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91703 048 ***150.00

DOCUMENT # P01000078991

1. Entity Name
MARBLE WORKS PLUS, INC.

Principal Place of Business
717 PINELAND TRAIL
ORMOND BEACH FL 32174

Mailing Address
717 PINELAND TRAIL
ORMOND BEACH FL 32174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20 Holly ST.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 302
 Suite, Apt. #, etc.

City & State
Ormond Beach, FL
Zip
32174
Country
USA

City & State
Flagler Beach, FL
Zip
32136
Country
USA

4. FEI Number
59-3738789
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SWEET, JEFFREY C
595 W. GRANADA BOULEVARD
SUITE A
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name
Angele I. Blackburn
Street Address (P.O. Box Number is Not Acceptable)
216 Moody Blvd
City
Flagler Beach FL
Zip Code
32136

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 Al Blackburn President 3/15/02
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BLACKBURN, ALDE L
STREET ADDRESS	717 PINELAND TRAIL
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	D <input type="checkbox"/> Delete
NAME	BLACKBURN, ANGELE I
STREET ADDRESS	717 PINELAND TRAIL
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	D <input type="checkbox"/> Delete
NAME	BLACKBURN, ROBERT P
STREET ADDRESS	1839 S. PALMETTO AVENUE
CITY-ST-ZIP	FLAGLER BEACH FL 32136
TITLE	D <input type="checkbox"/> Delete
NAME	VINNEMAN, JOHN
STREET ADDRESS	416-E BANANA CAY DRIVE
CITY-ST-ZIP	SOUTH DAYTONA FL 32119
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
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: Al Blackburn 3/15/02 (386) 439-2511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)