

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90088 032 \*\*\*150.00

**DOCUMENT # P01000078991**

1. Entity Name  
**MARBLE WORKS PLUS, INC.**



Principal Place of Business  
**20 HOLLY ST  
ORMOND BEACH FL 32174**

Mailing Address  
**PO BOX 302  
FLAGLER BEACH FL 32136**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3738789** Applied For  
Not Applicable

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

City & State Zip Country

6. Name and Address of Current Registered Agent  
**BLACKBURN, ANGELA I  
216 MOODY BLVD  
FLAGLER BEACH FL 32136**

7. Name and Address of New Registered Agent  
Name **Angela I. Blackburn**  
Street Address (P.O. Box Number is Not Acceptable) **401 Connecticut Ave.**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Angela I. Blackburn*  
Signature, typed or printed name of registered agent and title if applicable.

3/28/03  
DATE

**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

TITLE	<input type="checkbox"/> Delete
NAME	<b>BLACKBURN, ALDE L</b>
STREET ADDRESS	<b>717 PINELAND TRAIL</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>BLACKBURN, ANGELE I</b>
STREET ADDRESS	<b>717 PINELAND TRAIL</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>BLACKBURN, ROBERT-P</b>
STREET ADDRESS	<b>1839 S. PALMETTO AVENUE</b>
CITY-ST-ZIP	<b>FLAGLER BEACH FL 32136</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VINNEMAN, JOHN</b>
STREET ADDRESS	<b>416-E BANANA CAY DRIVE</b>
CITY-ST-ZIP	<b>SOUTH DAYTONA FL 32119</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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	

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: *Angela I. Blackburn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 (386)439-2511  
Date Daytime Phone #

CR2E034 (10/02)