

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000107011**1. Entity Name
CAPITAL MARBLE, INC.Principal Place of Business
**3360 10TH STREET N #1202
NAPLES FL 34103**Mailing Address
**3360 10TH STREET N #1202
NAPLES FL 34103**

FILED

02 OCT -3 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2408 Millie Ave. S.**2408 Millie Ave. S.**

City & State

City & State

Lehigh Acres FL.**Lehigh Acres FL.**

Zip

Zip

Country

Country

33971**Lee****33971****Lee**

4. FEI Number

Applied For

☒ Not Applicable5. 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

**MCLAUGHLIN, RICHARD B
3360 10TH STREET N #1202
NAPLES FL 34103**

Name

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE **9/1/02**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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCLAUGHLIN, RICHARD B
3360 10TH STREET N #1202
NAPLES FL 34103** ☐ DeleteTITLE
NAME
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CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Richard Doyce McLaughlin**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
Doc. # 001000107011

Dear Sir:

I recently Received this form in the mail. Inside it instructs me that because I did not pay my fee from the spring time notice, I now owe \$750.00. I never received a notice before this one. When I called the division of corporations I spoke to a gentlemen that informed me that because this was a newly formed corporation that has no E.I.M. number and has done no business, it would be acceptable, this one time, to pay the fee from spring time, which is \$150.00. He instructed me that it is my responsibility to seek out the proper forms and pay the proper fees by May first of each year in order to avoid the large penalty. I have enclosed my check for the \$150.00 fee and intend to pay my fees promptly from now on.

Thankyou, Rick McLaughlin

