. 5/1:

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** FILED
Jun 03, 2003 8:00 am
Secretary of State
05-12-2003 90209 027 ***150.00

				0209 027 130.00
DOCUMENT # P0100011	12906			
1. Entity Name O'QÙINN'S MARBLE, INC	•			
O QUINN S MARBLE, INC	. /			Total
PO NOT WEI	TE IN THIS SPACE		3	•
	E IIA ILIIO OFACE			55045976
			1	0404016
2. Principal Place of Business	3. Mailing Address		<u>.</u>	
				1
Suite, Apt. #, etc. POST OFFICE BOX 61	Suite Apt.#, etc. POST OFFICE BOX 61		DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number	Applied For
Zip Country	WACISSA, FL	Country	59-3757826	\$8.75 Additional
32361		USA	6. Certificate of Status Desired	Fee Required
DO NOT WRITE IN	THIS SPACE	Name	7. Name and Address of Current Register	ered Agent
	andre i regerito in el Español. Ser produce de la Companya de la Co	JAMES A		
	一十二十二十二	Street Address 1809-10	s (P.O. Box Number is Not Acceptable) OB- MICCOSUKEE-COMMO	NS-DRIVE
		City	ASSEE F	Zip Code
B. The above named entity submits this statem	ent for the purpose of changing	TALLAHA	10000	<u> </u>
and accept the obligations of registered age		ing its registore allocoty.		The state of the s
Tames K	010 wines	T-A-M-2		EMT
Signature, typed or posted name of reg	istered agent and title if applicable	e. (NOTE: Registered A	gent signature required when reinstaling)	DATE
January 1. May 1.Fee is \$150.00 After May 1, Fee is \$550.00			9. Election Campaign Financing	\$5.00 May Be
Amended UBR is \$61.25	of States.		Trust Fund Contribution.	Added to Fees
10. OFFICERS AND		TENANT L		
WE VP, TREASURER,		TITLE	The state of the s	
NAME O'QUINN, JAMES STREET ADDRESS 1809-108 MICCO		NAME TADORESS		ra di
CITY ST - ZIP TALLAHASSEE, F		CITY ST ZIP		
PRESIDENT NAME O'QUINN, TAMMY	V	MILE .	The second of th	
STREET ADDRESS 1809-108 MICCO		DIRET ADDRESS		
CIN-SI-ZIP TALLAHASSEE, F		COTY ST ZIP	THE STATE OF THE S	
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STREET ADDRESS			Sang Til Store og villagtig attig er blev i statiste. Događenia to Markovila og stratistica attigation og storet i statistica.	Transfer in
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STREET ADDRESS	■.3			
CITY - ST - ZIP		CITY ST - ZIP		
 I hereby certify that the information supplied v information indicated on this report or supple 	with this filing does not qualify mental report is true and accur	for the exemption stated i	in Section 119.07(3)(i). Florida Statutes, I fur	rther certify that the
an officer or director of the corporation or the appears in Biger 10 or on an attachment with	receiver or trustee empowere	to to execute this report a	s required by Chapter 607, Florida Statutes;	and that my name
	. With sin outer the		-//	
SIGNATURE:		AMES A. O'O		
SIGNATURE AND TYPED	PRINTED NAME OF SIGNIN	G OFFICER OR DIRECTOR	R Date Daytim	ns Phone #