

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90136 047 ***150.00

DOCUMENT # P02000021154

1. Entity Name

ZALIM MARBLE AND TILE INC.



Principal Place of Business
581 WILSON BLVD S.
NAPLES FL 34117

Mailing Address
581 WILSON BLVD S.
NAPLES FL 34117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number 02-0559550

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

BOLDREY, JULIE
581 WILSON BLVD S.
NAPLES FL 34117

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 installing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME BOLDREY, WESLEY
STREET ADDRESS 581 WILSON BLVD S.
CITY-ST-ZIP NAPLES FL 34117 ☐ Delete

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

TITLE VT
NAME BOLDREY, JULIE
STREET ADDRESS 581 WILSON BLVD S.
CITY-ST-ZIP NAPLES FL 34117 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Julie Boldrey April 18 05 239 404 4189

ATTACHMENT H00663024
#002000021154

We have a new FEI number
here I'm sending proof of that
number.

Also I'm sending a copy
of my marriage license please
change my name Julie Zalimov

These copies can be trashed
after you done with them

Thank Julie Boldrey Zalimov

ATTACHMENT

P02000021154

x



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0023

DATE OF THIS NOTICE: 08-06-2003
NUMBER OF THIS NOTICE: CP 577
EMPLOYER IDENTIFICATION NUMBER: 90-0099997
FORM: 1120 NOBOD 0000000167

40066304

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

ZALIM MARBLE AND TILE
581 WILSON BLVD S
NAPLES FL 34117

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Your Form 1120 for tax period 122002 shows a change in organization for your business. Because of this change, we have assigned a new employer identification number (EIN) 90-0099997 to your business. Each business (individual, partnership, or corporation) is assigned its own number. Please keep this notice in your permanent records.

Use your name and EIN exactly as shown above on all federal tax forms, payments, and related correspondence. Using any variation in your name or EIN may cause processing delays, incorrect information in your account, or erroneous assignment of more than one EIN.

If you haven't already done so, please file the last returns for your business using the old EIN. Mark each return "FINAL" and show the date the business was discontinued. Please destroy any remaining federal tax deposit (FTD) coupon books for your discontinued business. We will send FTD coupon books under your new EIN within 5 to 6 weeks.

Please complete the enclosed Form SS-4, Application for Employer Identification Number. Return the form with the bottom part of this notice within 15 days. An envelope is enclosed for your convenience. We need this information for a complete record of your account.

If you already have an EIN for your new business, DO NOT complete the enclosed Form SS-4. Instead, return the bottom part of this notice. Write in the exact name and number used on the notice assigning you that EIN.

Thank you for your cooperation.

ATTACHMENT

P02 000021154

THIS COPY INCLUDES THE ADDITIONAL, UNRECORDED,
STATISTICAL INFORMATION SHOWN AT THE BOTTOM OF THE LICENSE.181 WILSON BLVD S
NAPLES, FLORIDA34117
Department of Health • Vital Statistics

(STATE FILE NUMBER)

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

4066304

3435653 OR: 3602 PG: 0272 ***

RECORDED in OFFICIAL RECORDS of COLLIER COUNTY, FL
07/07/2004 at 03:32PM DWIGHT B. BROCK, CLERK

RBC FBS 10.00

Retn:
DAN ZALIMOV
581 WILSON BLVD S
NAPLES FL 34117

04-0664

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) DAN ZALIMOV		2. DATE OF BIRTH (Month, Day, Year) November 13, 1969	
3a. RESIDENCE - CITY, TOWN, OR LOCATION TULCEA	3b. COUNTY TULCEA	3c. STATE ROMANIA	4. BIRTHPLACE (State or Foreign Country) ROMANIA
5a. BRIDE'S NAME (First, Middle, Last) JULIE ANN BOLDREY		5b. MAIDEN SURNAME (if different) NEFF	
6a. RESIDENCE - CITY, TOWN, OR LOCATION NAPLES	6b. COUNTY COLLIER	6c. STATE FLORIDA	6d. BIRTHPLACE (State or Foreign Country) MICHIGAN

WE THE APPLICANTS AND ANY OTHER PERSONS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED
ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE
NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

8. SIGNATURE OF GROOM (Sign full name using black ink) <i>Dan Zalimov</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) May 05, 2004
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Doris A. [Signature]</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Julie Ann Boldrey</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) May 05, 2004
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Doris A. [Signature]</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM
A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST
BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE COLLIER	18. DATE LICENSE ISSUED May 05, 2004	18a. DATE LICENSE EFFECTIVE May 08, 2004	19. EXPIRATION DATE July 03, 2004
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Doris A. [Signature]</i>	20b. TITLE DEPUTY CLERK	20c. BY D.C. DAS	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) June 30 04	22. CITY, TOWN, OR LOCATION OF MARRIAGE NAPLES, FL
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Ombrun [Signature]</i>	23b. ADDRESS (Of person performing ceremony) 212501 S. Tamiami Trail Bonita, FL
23c. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

number M. Pettigrew
MY COMMISSION # DD177895 EXPIRES
January 26, 2007
BONDED THROUGH TROY FARM INSURANCE, INC.

INFORMATION BELOW FOR

USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER NA	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	29a. NO. OF THIS MARRIAGE 2	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) NOVEMBER 05, 1999
	BRIDE	30. SOCIAL SECURITY NUMBER 383-84-8989	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	33a. NO. OF THIS MARRIAGE 2	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE



SEAL