

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90058 022 ***150.00

DOCUMENT # P02000038304

1. Entity Name
PORTLAND MARBLE SERVICE INC.



Principal Place of Business
800 W. OAKLAND PARK BLVD.
303
FT. LAUDERDALE FL 33311

Mailing Address
800 W. OAKLAND PARK BLVD.
303
FT. LAUDERDALE FL 33311



2. Principal Place of Business
2929 W BROWARD BLVD

3. Mailing Address
2929 W BROWARD BLVD

Suite, Apt. #, etc.
FT. LAUDERDALE

Suite, Apt. #, etc.
FT. LAUDERDALE

City & State
FLORIDA

City & State
FLORIDA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
02-0574306

Applied For
Not Applicable

Zip
33311

Country
USA

Zip
33311

Country
USA

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

SEATON, DEVON B
1406 NW. 22ND STREET
#D
FT. LAUDERDALE FL 33311

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EDWARDS, ALGENE W
4040 NW 31ST. TERR. #1
LAUDERDALE LAKES FL 33309

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EDWARDS, ANN-JEAN L
4040 WN 31ST. TERR. #1
LAUDERDALE LAKES FL 33309

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

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☐ Change ☐ Addition

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: **SIGNATURE REQUIRED PRESIDENT 3/2/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)