

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90741 009 ***150.00

DOCUMENT # P02000060330

1. Entity Name
ATHENA MARBLE & GRANITE CO., INC.



Principal Place of Business
**601 EAST TWIGGS STREET
SUITE 200
TAMPA FL 33602**

Mailing Address
**601 EAST TWIGGS STREET
SUITE 200
TAMPA FL 33602**

2. Principal Place of Business

6201 Tanager Pl.

Suite, Apt. #, etc.

3. Mailing Address

6201 Tanager Pl.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL

Zip Country
33617 USA

City & State
Tampa, FL

Zip Country
33617 USA

4. FEI Number

90-0037467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRUBB, CONNIE F
6201 TANAGER PL.
TAMPA FL 33617**

7. Name and Address of New Registered Agent

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

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 **PD** ☐ Delete
NAME **GRUBB, CONNIE F**
STREET ADDRESS **6201 TANAGER PL**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **VD** ☒ Delete
NAME **TRANUM, SCOTT**
STREET ADDRESS **6409-C NORTH 50TH STREET**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **STD** ☐ Delete
NAME **GRUBB, JOHN M**
STREET ADDRESS **6201 TANAGER PL**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03 989-9721
Date Daytime Phone #

CR2E034 (10/02)