

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90735 026 ***150.00

DOCUMENT # P02000123091

1. Entity Name
EUROSTONE & MARBLE, INC.



Principal Place of Business
**3110 WILDERNESS BLVD. EAST
PARRISH FL 34219
US**

Mailing Address
**3110 WILDERNESS BLVD. EAST
PARRISH FL 34219
US**



2. Principal Place of Business
**6014 7th AVE W Bldg D
Suite, Apt. #, etc.
BRADENTON FL**

3. Mailing Address
**6014 7th AVE W
Suite, Apt. #, etc.
BRADENTON FL**

☒ CHECK HERE IF MAKING CHANGES

City & State
34205

City & State
BRADENTON FL

4. FEI Number
74-3069420

Applied For
☐ Not Applicable

Zip
Manatee

Zip
34205

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REEVES, JAMES R
3110 WILDERNESS BLVD. EAST
PARRISH FL 34219**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**13610 11th TERRACE E
BRADENTON FL**
City
FL Zip Code
34212

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)

4-23-03

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 NAME STREET ADDRESS CITY-ST-ZIP	P REEVES, JAMES R 3110 WILDERNESS BLVD. EAST PARRISH FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REEVES, BILLIE JEAN 3110 WILDERNESS BLVD. EAST PARRISH FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	13610 11th TERR. E BRADENTON FL 34212	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. TREASURER 13610 11th TERR E BRADENTON FL 34212	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date

941-747-5000

Daytime Phone #

CR2E034 (10/02)